

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 30, 2004 8:00 am**  
**Secretary of State**

08-30-2004 90139 005 \*\*\*\*50.00

**DOCUMENT # M01000001255**

1. Entity Name  
RUTT OF THE AMERICAS, LLC



Principal Place of Business  
1564 MAIN STREET  
GOODVILLE, PA 17528

Mailing Address  
PO BOX 129  
ATTN: BILL ARMSTRONG  
GOODVILLE, PA 17528-0129

24002000



2. Principal Place of Business  
215 DILLER AVE  
Suite, Apt. #, etc.

3. Mailing Address  
215 DILLER AVE  
ATTN: BILL ARMSTRONG  
City & State

City & State  
NEW HOLLAND PA  
Zip  
17557  
Country  
USA

City & State  
NEW HOLLAND PA  
Zip  
17557  
Country  
USA

07142004 Chg-LLC CR2E083 (10/03)

4. FEI Number  
62-1853645

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

O'BRYN, MICHAEL  
1855 GRIFFIN RD, STE C-358  
DANIA BEACH, FL 33004

## 7. Name and Address of New Registered Agent

Name  
CORP DIRECT Agents, Inc  
Street Address (P.O. Box Number is Not Acceptable)  
103 N. MERIDIAN ST  
Lower Level  
City  
TALLAHASSEE FL Zip Code  
32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00**  
**Due by September 8, 2004**

**Make check payable to**  
**Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
CARL, FRED E JR  
111 FRONT ST.  
GREENWOOD, MS ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
EICHENSEER, MICHAEL  
1564 MAIN ST.  
GOODVILLE, PA ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
DAN C. STOUT  
215 DILLER AVE  
NEW HOLLAND, PA 17557 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Dan C. Stout  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

7/14/04

Date

Daytime Phone #