


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 20, 2004 8:00 am
Secretary of State


09-20-2004 90096 001 ****50.00

DOCUMENT # M03000003635	
1. Entity Name RUM ROAD II LTD. CO.	

Principal Place of Business 21884 AVALON DRIVE ROCKY RIVER, OH 44116	Mailing Address 21884 AVALON DRIVE ROCKY RIVER, OH 44116
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

24085710



08192004 Chg-LLC CR2E083 (10/03)

4. FEI Number 32-0079267	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent WALKER, GARY 4401 POINT HOUSE TRAIL UPPER CAPTIVA ISLAND, FL 33924	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JARMOSZUK, NICHOLAS 21884 AVALON DRIVE ROCKY RIVER, OH 44116 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Nicholas Jarmoszuk 9/11/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**WICKENS
HERZER
PANZA
COOK &
BATISTA**

Attachment
#1003000003635
24085710

David L. Herzer

Attorney at Law

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Facsimile: 440-937-4466

A LEGAL PROFESSIONAL ASSOCIATION

35765 Chester Road
Avon, OH 44011-1262

September 16, 2004

FLORIDA DEPARTMENT OF STATE
Division of Corporations
P.O. Box 6478
Tallahassee, FL 32314

RE: Rum Road II Ltd. Co.

Dear Sir or Madam:

Enclosed please find the 2004 Limited Liability Company Annual Report which we are filing on behalf of our client, Rum Road II Limited Co. Also enclosed is a check in the amount of \$50.00 as the requisite filing fee in this regard.

If you have any questions or comments concerning this matter, please contact the undersigned.

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA
A Legal Professional Association

David L. Herzer

By: David-L. Herzer

DLH/MGW/lmm
Enclosures