

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90155 042 ***138.75

DOCUMENT # M07000000336

1. Entity Name
RUSTY ACQUISITIONS, LLC



Principal Place of Business

SHIRLENE ELKINS
1666 KENNEDY CAUSEWAY, SUITE 305
NORTH BAY VILLAGE, FL 33141

Mailing Address

1400 NE MIAMI GARDENS DRIVE
SUITE 200
MIAMI, FL 33179

30004609



2. Principal Place of Business - No P.O. Box #

1400 NE MIAMI GARDENS DR.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 200

City & State

MIAMI FL

City & State

Zip

Country

Zip

Country

01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-8056680

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SYKES, G. HARLEY
1666 KENNEDY CAUSEWAY, SUITE 305
NORTH BAY VILLAGE, FL 33141
1400 NE MIAMI GARDENS DR. SUITE 200
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CP
ELKINS, SHIRLENE
1666 KENNEDY CAUSEWAY, SUITE 305
NORTH BAY VILLAGE, FL 33141

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1400 NE MIAMI GARDENS DR. SUITE 200
MIAMI FL 33179

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
SYKES, G. HARLEY
1666 KENNEDY CAUSEWAY, SUITE 305
NORTH BAY VILLAGE, FL 33141

☐ Delete

TITLE
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CITY-ST-ZIP
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MIAMI FL 33179

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

G. HARLEY SYKES

4/14/08

Date

305948-1700

Daytime Phone #