2008 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT** May 02, 2008 08:00 AN Secretary of State **DOCUMENT # L04000014090** 1. Entity Name RYAN A. HEPWORTH, LLC Principal Place of Business Mailing Address 2784 VENETIAN COURT 2784 VENETIAN COURT **GULF BREEZE, FL 32563 GULF BREEZE, FL 32563** 02042008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1188235 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HEPWORTH, RYAN DO NOT WRITE 2784 VENETIAN COURT **GULF BREEZE, FL 32563** IN THIS SPACE 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) U00000946126 05/30/08-80035-025 143.75 FILE NOWILL FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE NAME HEPWORTH, RYAN A STREET ADDRESS 2784 VENETIAN COURT CITY-ST-7IP GULF BREEZE, FL 32563 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

11.	I hereby certify that the information supplied with this filling 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 cath; that I am a managing member or manager of the
	fimited flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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