I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT HUBBARD

Electronic Signature of Signing Authorized Person(s) Detail

Current Mailing Address:

3899 WINTERHAWK COURT ST. AUGUSTINE FL 32086

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

HUBE 3899 ST. A

The a he State of Florida.

SIGNATURE	: ROBERT HUBBARD			04/16/2017
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	HUBBARD, ROBERT	Name	HUBBARD, MARIA T	
Address	3899 WINTERHAWK CT.	Address	3899 WINTERHAWK COURT	
City-State-Zip:	ST. AUGUSTINE FL 32086	City-State-Zip:	ST AUGUSTINE FL 32086	

BARD, ROBE WINTERHAV AUGUSTINE, I	
above named er	tity submits this statement for the purpose of changing its registered office or registered agent, or both, in th
NATURE:	ROBERT HUBBARD
	Electronic Signature of Registered Agent

OWNER

04/16/2017

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005587

Entity Name: RAM MOBILE HOMES LLC

Current Principal Place of Business:

3899 WINTERHAWK COURT ST. AUGUSTINE FL 32086

Secretary of State CC7177922287

Certificate of Status Desired: No

FILED Apr 16, 2017

Date