

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000034560

Entity Name: RIDGEDALE LLC**Current Principal Place of Business:**21 TULANE DRIVE
AVON PARK, FL 33825**Current Mailing Address:**P. O. BOX 1327
AVON PARK, FL 33826 13**FEI Number:** 26-3207923**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHOEMAN, LARRY P
21 TULANE DRIVE
AVON PARK, FL 33825 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title VC
Name WADE, GREG
Address 516 W. CIRCLE ST.
City-State-Zip: AVON PARK FL 33825

Title VC
Name SMITH, DORA
Address 2171 W. FALCON RD.
City-State-Zip: AVON PARK FL 33825

Title VC
Name ROBERTS, LESTER
Address 1002 S. WALDRON AVE.
City-State-Zip: AVON PARK FL 33825

Title CHAIRMAN
Name BARNARD, CAMERON
Address 2115 N. OLIVIA DRIVE
City-State-Zip: AVON PARK FL 33825

Title SECRETARY
Name SHOEMAN, LARRY P
Address 503 PRESLEY BLVD
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name WHITESIDE, TERESA
Address 1001 S. FLORIDA AVE.
City-State-Zip: AVON PARK FL 33825

Title DIRECTOR
Name ELDRED, MICHAEL
Address 608 BARBERRY LOOP
City-State-Zip: AVON PARK FL 33825

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: LARRY P. SHOEMAN**SECRETARY****01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date