

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000104718

**Entity Name:** RUELJO, LLC

**Current Principal Place of Business:**

405 MELANIE WAY  
MAITLAND, FL 32751

**Current Mailing Address:**

P.O. BOX 940846  
MAITLAND, FL 32794-0846 US

**FEI Number:** 59-2180469

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

SMITH, KEVIN K  
405 MELANIE WAY  
MAITLAND, FL 32751 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 MGRM  
Name SMALL, CATHY A  
Address 1081 SANDY LANE  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name PERRY, ELMA J  
Address 1771 CHINOOK TRAIL  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name BENTTI, JO ANN  
Address 1771 CHINOOK TRAIL  
City-State-Zip: MAITLAND FL 32751

Title MGRM  
Name SMITH, KEVIN K  
Address 405 MELANIE WAY  
City-State-Zip: MAITLAND FL 32751

Title SECRETARY  
Name SMITH, CARLA J  
Address P.O. BOX 940846  
City-State-Zip: MAITLAND FL 32794

*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:** CARLA J SMITH

**SECRETARY**

**03/26/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date