

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000181706

**Entity Name:** RAMSEY 02, LLC

**Current Principal Place of Business:**

4520 SWILCAN BRIDGE LANE .  
JACKSONVILLE, FL 32224-5617

**Current Mailing Address:**

4520 SWILCAN BRIDGE LANE .  
JACKSONVILLE, FL 32224-5617

**FEI Number:** 32-0453909

**Certificate of Status Desired:** No

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

DERMOND, KEITH B  
4520 SWILCAN BRIDGE LANE .  
JACKSONVILLE, FL 32224-5617 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           MANAGER  
Name           DERMOND, KEITH B  
Address        4520 SWILCAN BRIDGE LANE .  
City-State-Zip: JACKSONVILLE FL 32224-5617

Title           MANAGER  
Name           DERMOND, BRADLEY R  
Address        629 RIDGE ROAD  
City-State-Zip: SANTA ROSA BEACH FL 32459

Title           AUTHORIZED MEMBER  
Name           SUNRISE FOODS, LLC  
Address        4520 SWILCAN BRIDGE LANE .  
City-State-Zip: JACKSONVILLE FL 32224-5617

*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:** KEITH B DERMOND

**MANAGER**

**04/28/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date