

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 24, 2003 8:00 am**  
**Secretary of State**

07-24-2003 90064 028 \*\*\*\*50.00

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**DOCUMENT # L02000007985**

1. Entity Name  
**RYAN ENTERPRISES LLC**



Principal Place of Business  
**505 DUTCHMILL DR  
FLUSHING MI 48433**

Mailing Address  
**505 DUTCHMILL DR  
FLUSHING MI 48433**



2. Principal Place of Business

3. Mailing Address

**4911 LYONS TECH PARKWAY  
SUITE APT. #, etc. 16  
16**

**4911 LYONS TECH PARKWAY  
SUITE APT. #, etc. 16**

City & State

City & State

**COCONUT CREEK, FL**

**COCONUT CREEK, FL**

Zip

**33073**

Country

**USA**

Zip

**33073**

Country

**United States**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**FINN, MICHAEL D  
12274 1ST ST W #3A  
TREASURE ISLAND FL 33706**

7. Name and Address of New Registered Agent

Name **Andrew Ryan**  
Street Address (P.O. Box Number is Not Acceptable)  
**5801 Town Bay Dr. 6-37**  
City **Boca Raton** **FL** Zip Code **33486**

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 **Andrew Ryan** **Andrew Ryan**

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**7-22-03**

**\$0.00**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **Managing Member** ☐ Delete  
NAME **William Ryan**  
STREET ADDRESS **505 Dutchmill Dr**  
CITY-ST-ZIP **Flushing, MI 48433**

TITLE **Managing Member** ☐ Delete  
NAME **Andrew Ryan**  
STREET ADDRESS **5801 Town Bay Dr 6-37**  
CITY-ST-ZIP **Boca Raton, FL 33486**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 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 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**7-22-03 954-347-2047**

CR2E083 (4/03)