

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90434 034 \*\*\*\*50.00

**DOCUMENT # L02000020344**

1. Entity Name

RYD, LLC



Principal Place of Business

21382 MARINA COVE CIRCLE  
D11  
AVENTURA FL 33180

Mailing Address

21382 MARINA COVE CIRCLE  
D11  
AVENTURA FL 33180

2. Principal Place of Business

3. Mailing Address

191 GOLDEN BEACH DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

GOLDEN BEACH, FL

Zip

Country

Zip

33160

Country

USA

4. FEI Number

45-0484724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEDERMAN, LAURE  
21382 MARINA COVE CIRCLE  
D11  
AVENTURA FL 33180

Name

LEDERMAN, LAURE

Street Address (P.O. Box Number is Not Acceptable)

191 GOLDEN BEACH DRIVE

City

GOLDEN BEACH, FL

Zip Code

33160

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME LEDERMAN, LAURE  
STREET ADDRESS 21382 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 191 GOLDEN BEACH DRIVE  
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE MGR ☐ Delete  
NAME LEDERMAN, JAIME  
STREET ADDRESS 21382 MARINA COVE CIRCLE  
CITY-ST-ZIP AVENTURA FL 33180

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 191 GOLDEN BEACH DRIVE  
CITY-ST-ZIP GOLDEN BEACH, FL 33160

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

March 12, 2004

Date

786-2468085

Daytime Phone #