## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

## DOCUMENT # L02000023851

RINGLING SQUARE, L.L.C.



US

**FILED** Mar 19, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

1626 RINGLING BOULEVARD SARASOTA, FL 34236

330 S ORANGE AVE SARASOTA, FL 34236

> 03052008 No Chg-LLC

CR2E083 (12/07)

Applied For 4. FEI Number 27-0033434 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required

## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COMPTON, JOHN M

1819 MAIN STREET, STE. 610 SARASOTA, FL 34236		_	IN THIS SPACE	
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 Ag		(NOTE: Registered Agent signature required when reinstating)	DATE	
File NOWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME	MGR SLIGAR, GARY R			
STREET ADDRESS	l ·			
CITY-ST-ZIP	SARASOTA, FL 34236			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			000000864168 04/04/08-80002-022 138.75	
TITLE			-	
NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		I DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE	I			

does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information ignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the section of the effect that the information of the effect that the effect of the same legal effect as if made under oath; that I am a managing member or manager of the effect of t I hereby certify that the information su indicated on this report is true and ac plied with this film fe and that my limited liability company or the receive

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

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

Daytime Phone #