

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jul 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # L02000030308

1. Entity Name
RYAN LLC



Principal Place of Business
2501 22ND NORTH, SUITE 1015
ST. PETERSBURG, FL 33713

Mailing Address
2501 22ND NORTH, SUITE 1015
ST. PETERSBURG, FL 33713



06292005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

ZALVIDEA, JORGE
2501 22ND NORTH, SUITE 1015
ST. PETERSBURG, FL 33713

**DO NOT WRITE
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 Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	ZALVIDER, JORGE
STREET ADDRESS	2501 22ND NORTH, SUITE 1015
CITY-ST-ZIP	ST. PETERSBURG, FL 33713

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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07/11/05-80016-010 55.00

**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

7/11/05

Daytime Phone # _____