

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004457

FILED
Jan 04, 2007
Secretary of State

Entity Name: RANDD GROUP LLC

Current Principal Place of Business:

2805 NORTH HIGHWAY A1A
UNIT 504
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

2805 NORTH HIGHWAY A1A
UNIT 504
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 83-0348075

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIDEL, DEBORAH F
2805 NORTH HIGHWAY A1A
UNIT 504
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: RIDEL, RONALD J
Address: 2805 NORTH HIGHWAY A1A UNIT #504
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: RIDEL, DEBORAH F
Address: 2805 NORTH HIGHWAY A1A UNIT #504
City-St-Zip: INDIALANTIC, FL 32903

Title: MGRM () Delete
Name: RIDEL, MARK E
Address: 21973 WOODFIELD TRAIL
City-St-Zip: STONGVILLE, OH 44136

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: DEBORAH F. RIDEL

MGRM

01/04/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date