

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90796 030 ****50.00

DOCUMENT # L03000004529

1. Entity Name
RYBO ENTERPRISES, LLC



Principal Place of Business
**23781 US HWY 27
LAKE WALES, FL 33853**

Mailing Address
**23781 US HWY 27
LAKE WALES, FL 33853**

20023471



2. Principal Place of Business
23781 US Hwy 27
Suite, Apt. #, etc.

3. Mailing Address
23781
Suite, Apt. #, etc.

03172005 Chg-LLC CR2E083 (10/03)

City & State
LA Wales FL
Zip **33859** Country

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LA Wales FL
Zip **33859** Country

4. FEI Number
56-2320154
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARNED, DIANE L
5 BRIDGEWATER DR
WINTER HAVEN, FL 33884**

7. Name and Address of New Registered Agent

Name **Dowdy, Diane L**
Street Address (P.O. Box Number is Not Acceptable)
5 Bridgewater Dr
City **Winter Haven** FL Zip Code **33884**

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

Diane Dowdy Diane Dowdy 3/17/05

**Filing Fee is \$50.00
Due by May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME **MGRM** ☐ Delete
STREET ADDRESS **HARNED, DIANE L**
CITY-ST-ZIP **5 BRIDGEWATER DRIVE
WINTER HAVEN, FL 33884**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME **MGRM** ☒ Change ☐ Addition
STREET ADDRESS **Dowdy, Diane L**
CITY-ST-ZIP **5 Bridgewater Dr
Winter Haven FL 33884**

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

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

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TITLE
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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

Date

Daytime Phone #

Diane Dowdy Diane Dowdy 3/17/05