

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 26, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000025146**

1. Entity Name  
**RUCHA, LLC**



Principal Place of Business  
**8221 BLAIE COURT  
SARASOTA, FL 34240**

Mailing Address  
**PO BOX 2838  
SARASOTA, FL 34230**



01042007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1196879**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WILSON, CHARLES H  
8221 BLAIE COURT  
SARASOTA, FL 34240**

**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

*Charles H. Wilson* *Manager*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

*1/11/07*

**Filing Fee is \$50.00  
Due by May 1, 2007**

U000000604969  
01/30/07-80018-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
WILSON, CHARLES H  
8221 BLAIE COURT  
SARASOTA, FL 34240**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
JAMES, E. RUSSELL  
8585 MIDNIGHT PASS ROAD  
SARASOTA, FL 34242**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Charles H. Wilson*

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

*1/11/07*

Date

*941-957-1030*

Daytime Phone #