

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000051851

FILED  
Apr 14, 2008  
Secretary of State

**Entity Name:** RON MERRIMAN CONTRACTOR, LLC

**Current Principal Place of Business:**

1711 VAMO DR  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

1711 VAMO DR  
SARASOTA, FL 34231 US

**New Mailing Address:**

**FEI Number:** 26-0112204

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MERRIMAN, RONALD  
1711 VAMO DR  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

MERRIMAN, RONALD E  
1711 VAMO DR  
SARASOTA, FL 34231 US

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:** RONALD E MERRIMAN

04/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** MERRIMAN, RONALD E  
**Address:** 1711 VAMO DR  
**City-St-Zip:** SARASOTA, FL 34231 US

**Title:** MGRM ( ) Delete  
**Name:** MERRIMAN, PATSY A  
**Address:** 1711 VAMO DR  
**City-St-Zip:** SARASOTA, FL 34231 US

**ADDITIONS/CHANGES:**

**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 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:** RONALD E MERRIMAN

MGRM

04/14/2008

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