

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

**FILED**  
**Feb 25, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000054879**

1. Entity Name

RUSCOE CONSTRUCTION LLC



Principal Place of Business

609 BOARS HEAD DR  
PORT ORANGE FL 32127

Mailing Address

609 BOARS HEAD DR  
PORT ORANGE FL 32127



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-0501658

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUSCOE, MICHAEL  
609 BOARS HEAD DR  
PORT ORANGE FL 32127

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 fee if applicable

(NOTE: Registered Agent's signature required when re-appointing)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008, Fee Will Be \$538.75**  
**Make Check Payable to Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
RUSCOE, MICHAEL  
609 BOARS HEAD DR  
PORT ORANGE FL 32127 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
U000000837426  
03/04/08-80057-012 138.75 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

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

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

*Michael Ruscoe*

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

Case

Page 1 of 1 Page #