2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jun 16, 2008 8:00 am Secretary of State

1. Entity Nam	MENT #L040000219 RUCKING AND ENTERPRIS			06-16-2008 9	90145 009 ***143	3.75		
Principal Place of Business 1766 DELAFIELD DRIVE WINTER GARDEN, FL 34787		Mailing Address P.O. BOX 784402 WINTER GARDEN, FL 34778						
2. Principal Place of Business - No P.O. Box # 1766 Delafield br Suite, Apt. #, etc.		3. Mailing Address P.O. Box 784402 Suite, Apt. #, etc.		05232008	05232008 Chg-LLC CR2E083 (12/06)			
City & State Garden		City & State Garden, FL		4. FEI Number 03-053	er e	—— —	plied For	
Zip F	C Country O S A	Zip 34778	Country	1	of Status Desired	\$5.00 Add Fee Required	litional	
	6. Name and Address of Current R	egistered Agent		7. Name and	Address of New R	egistered Agent		
DINTO CADI CO A			Name 1	Name				
PINTO, CARLOS A 1766 DELAFIELD DRIVE WINTER GARDEN, FL 34787			Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
	·							
·			City	FL Zip Code				
 The above nagrectentity submits this statement for the porpose 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 an	d the if applicable! (NOTE	: Registered Agent signature req	uired when reinstating)		DATE	1	
	· · · · · · · · · · · · · · · · · · ·							
	E NOW!!! FEE IS \$138.75 by September 12, 2008	In accordance with s liability company did	. 607.193(2)(b), F.S. not receive the prior	, the limited notice.		e check payable to Department of State	•	
		liability company did	. 607.193(2)(b), F.S. not receive the prior	, the limited notice.		Department of State	b	
Due	MANAGING MEMBER MGRM	liability company did	not receive the prior	, the limited notice.	Florida	Department of State	Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBER MGRM PINTO, CARLOS A 1766 DELAFIELD DRIVE	liability company did	10. TITLE NAME STREET ADDRESS	, the limited notice.	Florida	Department of State		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER MGRM PINTO, CARLOS A 1766 DELAFIELD DRIVE WINTER GARDEN, FL 34787	liability company did	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	, the limited notice.	Florida	CHANGES Change	Addition	
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I nereby 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:
SIGNATURE OF THE OR PRINTED HAME OF SIGNING MANAGER, DR AUTHORIZED REPRESENTATIVE

407-509-4507

Daytime Phone #