

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L04000035898

1. Entity Name

RYALL ACQUISITION GROUP, LLC



Principal Place of Business

**3885 20TH STREET
SUITE 201
VERO BEACH, FL 32960**

Mailing Address

**P.O. BOX 40
VERO BEACH, FL 32961**



03242008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-1360104

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**OLMSTEAD, R. VINCENT
2770 INDIAN RIVER BLVD., STE. 501
VERO BEACH, FL 32960**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U000000875810
04/11/08-80047-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME OLMSTEAD, R. VINCENT
STREET ADDRESS 2770 INDIAN RIVER BLVD., STE. 501
CITY-ST-ZIP VERO BEACH, FL 32960

TITLE MGR
NAME KELLY, CHAD
STREET ADDRESS P.O. BOX 5200
CITY-ST-ZIP VERO BEACH, FL 32961

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: _____

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

3-26-08

Date

772-562-2828

Daytime Phone #