

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90062 050 \*\*\*138.75

**DOCUMENT # L04000038700**

1. Entity Name  
RYFAS IV, LLC



Principal Place of Business  
4221 SOUTHPPOINT PKWY  
JACKSONVILLE, FL 32216

Mailing Address  
P.O. BOX 56554  
JACKSONVILLE, FL 32241-6554



2. Principal Place of Business - No P.O. Box #  
625-A Ponte Vedra Blvd.

3. Mailing Address  
P.O. Box 550756

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01082008

Chg-LLC

CR2E083 (12/06)

City & State  
Ponte Vedra Beach, FL

City & State  
Jacksonville, FL

4. FEI Number  
26-1727154

Applied For  
Not Applicable

Zip  
32082

Country  
USA

Zip  
32255-0756

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

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

OUREDNIK, KAREL IV, ESQ  
C/O OUREDNIK LAW OFFICES, P.A.  
4925 BEACH BLVD.  
JACKSONVILLE, FL 32207

**7. Name and Address of New Registered Agent**

Name  
Karel Ourednik IV, Esquire  
Street Address (P.O. Box Number is Not Acceptable)  
Ourednik Law Offices, P.A.  
5000 Sawgrass Village Circle Suite 6  
Ponte Vedra Beach, FL 32082

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

1-29-2008

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**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
RAYFAS LIMITED LLLP  
4221 SOUTHPPOINT PKWY  
JACKSONVILLE, FL 32216 ☐ Delete

**10. ADDITIONS/CHANGES**

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

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 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:

1-29-2008 904 2962810

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

Date

Daytime Phone #