


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000039137  
 1. Entity Name  
 RYBEC SOLUTIONS LLC



Principal Place of Business  
 429 RIVER ROAD  
 CARRABELLE, FL 32322

Mailing Address  
 P.O. BOX 1077  
 CARRABELLE, FL 32322

**DO NOT WRITE IN THIS SPACE**



04282008No Chg-LLC CR2E083 (12/07)

4. FEI Number 56-2461131	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NOVAK, THOMAS V SR  
 1674 US HWY 90 WEST  
 DEFUNIAK SPRINGS, FL 32433

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
 \_\_\_\_\_ DATE \_\_\_\_\_

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

000000931814  
 05/22/08-80030-020 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WILLIAM DANA HOLTON 429 RIVER ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAM RYAN HOLTON 429 RIVER ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REBECCA LYNN HOLTON 429 RIVER ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VICKI L. HOLTON 429 RIVER ROAD CARRABELLE, FL 32322
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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: William D. Holton 4/28/08 (850) 697-4228  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #