

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

**FILED**  
**Feb 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L04000045155**

1. Entity Name

RUSKIN KINGS, LLC



Principal Place of Business

4440 ADAMO DRIVE  
SUITE 401  
TAMPA FL 33605

Mailing Address

4440 ADAMO DRIVE  
SUITE 401  
TAMPA FL 33605



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E083 (10/07)

4. FEI Number

74-3161498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145

7. Name and Address of New Registered Agent

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 title (applicable)

(NOTE: Registered Agent's signature required when terminating)

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 MGR ☐ Delete  
NAME KALE, JAMES C  
STREET ADDRESS 4440 ADAMO DRIVE SUITE 401  
CITY-ST-ZIP TAMPA FL 33605

TITLE MGR ☐ Delete  
NAME SCHALLER, PAUL C  
STREET ADDRESS 4440 ADAMO DRIVE SUITE 401  
CITY-ST-ZIP TAMPA FL 33605

TITLE S ☐ Delete  
NAME PIVIDAL, LARRY J  
STREET ADDRESS 4440 ADAMO DRIVE SUITE 401  
CITY-ST-ZIP TAMPA FL 33605

TITLE T ☐ Delete  
NAME KALE, JAMES C  
STREET ADDRESS 4440 ADAMO DRIVE SUITE 401  
CITY-ST-ZIP TAMPA FL 3605

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
U00000811177  
02/11/08-80017-003 138.75

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

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

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

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

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

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:**

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

JCK JAMES C KALE, TREASURER

1/29/08

(813) 241-0607

Date

Display Phone #