

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000050787

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Entity Name:** RALPH RICHARDSON CONTRACTING, L.L.C.

**Current Principal Place of Business:**

63 PINE FOREST DRIVE  
HAINES CITY, FL 33844

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1284  
HAINES CITY, FL 33845

**New Mailing Address:**

**FEI Number:** 20-2378864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

POBJECKY, J. DAVID  
786 AVENUE SW  
WINTER HAVEN, FL 33880 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RICHARDSON, RALPH  
Address: PO BOX 1284  
City-St-Zip: HAINES CITY, FL 33845

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** RALPH RICHARDSON

MGRM

01/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date