

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 08, 2007 8:00 am
Secretary of State

03-08-2007 90188 050 ****50.00

DOCUMENT # L04000058435

1. Entity Name

RAMM ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

60021711 ✓

2. Principal Place of Business
7330 ALOE DR.

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
WEEKI WACHEE, FL

City & State

4. FEI Number
20-1478038

Applied For
Not Applicable

Zip
34607

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
AL BOLAND

Street Address (P.O. Box Number is Not Acceptable)
7330 ALOE DR

City
WEEKI WACHEE

FL Zip Code
34607

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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.

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
HAROLD BOLAND
7330 ALOE DR.
WEEKI WACHEE, FL 34607**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT
RYAN BOLAND
7330 ALOE DR.
WEEKI WACHEE, FL 34607**

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Al Boland

3-5-07 352-263-9034

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

Date

Daytime Phone #

CP2E083B (12/02)