# FILED
# May 21, 2008 8:00 am
# Secretary of State

04-16-2008 90117 019 ****50.00
05-21-2008 90207 008 ****88.75

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

DOCUMENT # L04000058435

1. Entity Name

RAMM ENTERPRISES, LLC

DO NOT WRITE IN THIS SPACE

60042574

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 7330 ALOE DR. | |
| Suite, Apt. #, etc | Suite, Apt. #, etc. |
| City & State: WEEKI WACHEE, FL | City & State |
| Zip: 34607 Country | Zip Country |

4. FEI Number: 20-1478038 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: HAROLD BOLAND

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

City: WEEKI WACHEE FL Zip Code: 34607

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

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

| | |
|---|---|
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

CR2E060B (12/02)

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: Harold A Boland 3-30-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #