

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000074382

1. Entity Name

1000 RIDGEWOOD GROUP LLC



Principal Place of Business

1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119

Mailing Address

1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119



01182006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-2011685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

L000000403838
02/06/06-80023-019 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	AMENDOLAGINE, MARILYN
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	MGRM
NAME	AMENDOLAGINE, MICHAEL
STREET ADDRESS	1301 BEVILLE ROAD UNIT 7
CITY-ST-ZIP	DAYTONA, FL 32119
TITLE	MGRM
NAME	BARTHOLOMEW, DALE W
STREET ADDRESS	311-B SOUTH WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32721
TITLE	MGRM
NAME	BALDONADO, RICHARD D
STREET ADDRESS	311-B SOUTH WOODLAND BLVD
CITY-ST-ZIP	DELAND, FL 32721
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

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

Date

Daytime Phone #

Marilyn Amendolagine 1/23/06 386-322-0673