

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 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



01162007 No 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, 2007**

9. MANAGING MEMBERS/MANAGERS

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

U00000624028
02/14/07-90015-002 50.00

**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: *Marilyn Amendolagine*

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

Date *1-17-07*

Daytime Phone # *386-*