

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90045 003 \*\*\*\*50.00

DOCUMENT # L04000078111

1. Entity Name

RYSO ASSOCIATES, LLC



Principal Place of Business

901 OSCEOLA ROAD  
110  
BELLEAIR FL 33756

Mailing Address

901 OSCEOLA ROAD  
110  
BELLEAIR FL 33756



2. Principal Place of Business

919 OSCEOLA ROAD  
Suite, Apt. #, etc.  
# 106

3. Mailing Address

919 OSCEOLA ROAD  
Suite, Apt. #, etc.  
# 106

1st MOORE

CR2E083 (10/04)

City & State

Belleair FL

City & State

Belleair FL

4. FEI Number

20-191-5773

Applied For

Not Applicable

Zip

33756

Country

United States

Zip

33756

Country

United States

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAEUSSLER, RUTH  
901 OSCEOLA ROAD  
110  
BELLEAIR FL 33756

7. Name and Address of New Registered Agent

Name

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

919 OSCEOLA ROAD

# 106

City

Belleair

FL

Zip Code

33756

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

*Ruth Haessler*

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

(NOTE: Registered Agent signature required when reinstating)

4/15/05

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2005**

9. MANAGING MEMBERS / MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
HAEUSSLER, RUTH  
901 OSCEOLA ROAD #110  
BELLEAIR FL 33756

☐ Delete

10. ADDITIONS / CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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☐ Delete

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☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Ruth Haessler*

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

4/15/05 (727) 560-2713

Date

Daytime Phone #