

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 17, 2008 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000079701**

1. Entity Name  
**RUGGLES & RUGGLES, LLC**

Principal Place of Business  
**3214 GRAND TETON DRIVE  
 MIDDLEBURG, FL 32068**

Mailing Address  
**3214 GRAND TETON DRIVE  
 MIDDLEBURG, FL 32068**



01072008No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-1882824</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SPIEGEL & UTRERA, P.A.  
 1840 SW 22ND ST.  
 4TH FLOOR  
 MIAMI, FL 33145**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
 After May 1, 2008 Fee will be \$538.75**

U00000788031  
 01/18/08-80023-022 138.75

**9. MANAGING MEMBERS/MANAGERS**

TITLE	<b>MGR</b>
NAME	<b>RUGGLES, LINDA L</b>
STREET ADDRESS	<b>3214 GRAND TETON DRIVE</b>
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>
TITLE	<b>MGR</b>
NAME	<b>RUGGLES, WILLIS C</b>
STREET ADDRESS	<b>3214 GRAND TETON DRIVE</b>
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>
TITLE	<b>S</b>
NAME	<b>RUGGLES, WILLIS C</b>
STREET ADDRESS	<b>3214 GRAND TETON DRIVE</b>
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>
TITLE	<b>T</b>
NAME	<b>RUGGLES, LINDA L</b>
STREET ADDRESS	<b>3214 GRAND TETON DRIVE</b>
CITY-ST-ZIP	<b>MIDDLEBURG, FL 32068</b>
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:** *Linda L Ruggles* **1/14/2008** **904-291-6705**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #