

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000085003

1. Entity Name
1216 SOUTH RIDGEWOOD, LLC



Principal Place of Business
1216 S RIDGEWOOD AVE
DAYTONA BEACH, FL 32114

Mailing Address
P.O. BOX 1030
EDGEWATER, FL 32132



03052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2427581	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

POSTREICH, GUS
2113 TRAVELERS PALM
EDGEWATER, FL 32141

**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	MGR
NAME	BUCKINGHAM, MARCIA L MGR
STREET ADDRESS	2113 TRAVELERS PALM DR.
CITY-ST-ZIP	EDGEWATER, FL 32141

TITLE	MGRM
NAME	POSTREICH, GUSTAV
STREET ADDRESS	2113 TRAVELERS PALM DR.
CITY-ST-ZIP	EDGEWATER, FL 32141

TITLE	
NAME	
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CITY-ST-ZIP	

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03/20/07-80013-005 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: Marcia L Buckingham
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/5/07
Date

386-416-0009
Daytime Phone #