

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90027 019 ****55.00

DOCUMENT # L05000010045

1. Entity Name
RON'S REPAIR AND MAINTENANCE SOLUTIONS LLC



Principal Place of Business
3100 HAWTHORNE ST
#291
SARASOTA, FL 34239 US

Mailing Address
3100 HAWTHORNE ST
#291
SARASOTA, FL 34239 US

2. Principal Place of Business

2287 Cork Oak St E
Suite, Apt. #, etc.

3. Mailing Address

2287 Cork Oak St E
Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

Zip
34232

Country
U.S.A.

Zip
34232

Country
U.S.

04092006 Chg-LLC CR2E083 (11/05)

4. FEI Number

47-0950193

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUEMAN, RONALD J
3100 HAWTHORNE ST
#291
SARASOTA, FL 34239

7. Name and Address of New Registered Agent

Name
Cueman Ronald J

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

2287 Cork Oak St E

City
Sarasota

FL

Zip Code

34232

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

Ronald J Cueman

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

(NOTE: Registered Agent signature required when reappointing)

DATE

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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CUEMAN, RONALD J
3100 HAWTHORNE ST #291
SARASOTA, FL 34239 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
Cueman Ronald J
2287 Cork Oak St E
Sarasota FL 34232 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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☐ Change ☐ Addition

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 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: *Ronald J Cueman*

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

4/10/06

Date

941-914-2294

Daytime Phone #