## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000021570

Entity Name: RICARDO & WASYLIK, P.L.

FILED Apr 17, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

**14149 7TH STREET** 14206 US HIGHWAY 98 BYPASS DADE CITY, FL 33526

SUITE B

DADE CITY, FL 33523

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 2245 DADE CITY, FL 33526

FEI Number: 20-2404394 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HINES, JAMES P 315 SOUTH HYDE PARK AVENUE HINES NORMAN & ASSOCIATES, P.L. TAMPA, FL 33606 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change ( ) Addition WASYLITE, M WASYLIK, MICHAEL A Name: Name:

Address: 14149 7TH ST Address: 14206 US HIGHWAY 98 BYPASS, SUITE B

City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33523

(X) Change ( ) Addition Title: MGRM Title: MGRM ( ) Delete Name: RICARDO, I Name: RICARDO, JASON J

Address: 14149 7TH ST Address: 14206 US HIGHWAY 98 BYPASS, SUITE B

City-St-Zip: DADE CITY, FL 33525 City-St-Zip: DADE CITY, FL 33523J

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JASON J. RICARDO **MGRM** 04/17/2007