## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jan 31, 2006 8:00 am Secretary of State

| 1. Entity Name  |                  | # L050000274<br>RUHL, LLC             | 491  |                             |                       |  | 01-09-20                           | 06 90052                  | )29 *       | ***50.00                |
|---|------------------|---------------------------------------|--|-----------------------------|-----------------------|--|------------------------------------|---------------------------|-------------|-------------------------|
| Principal Place of Business<br>4708 DEAN DRIVE<br>PACE, RL 32571  |                  |                                       | Mailing Address<br>4708 DEAN DRIVE<br>PACE, FL 32571 |                             |                       | 30000170   |                                    |                           |             |                         |
| 2. Principal Place of Business  |                  |                                       | 3. Mailing Address                                   |                             |                       |  |                                    |                           |             |                         |
| Suite, Apt. #, etc.   |                  |                                       | Suite, Apl. #, etc.                                  |                             |                       | 01032006   | Chg-LLC                            | CR2E083 (                 | 11/05)      |                         |
| City & State  |                  |                                       | City & State   |                             |                       | 4. FEI Numb  | 11-0979                            | 189                       | <del></del> | plied For<br>Applicable |
| Zip   | Country          |                                       | Žip Coun   |                             | try                   | Certificate of Status Desired      S5.00 Additional Fee Required |                                    |                           |             |                         |
|   | 6. Name          | and Address of Current F              |  |                             |                       | 7. Name and Address of New Registered Agent                      |                                    |                           |             |                         |
| 773 4TH A   | VENUE N          | PORATIONS, INC.<br>IORTH STE E        |  | Street Address (P.O. Box Nu |                       |  | DeBruhl<br>noor is Not Acceptable) |                           |             |                         |
| NAPLES, FL 34102  |                  |                                       | 4708   |                             | 4708                  | Dean   | Drive                              |                           |             |                         |
| S The shows   | namari enti      | he submits this statement for         | the remove of chemina its                            | reciptor                    | City Pace             | red ease, or bo  | to in the State of Ele             |                           | Zip Code    | 25 711                  |
| <ol> <li>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.</li> </ol>  |                  |                                       |  |                             |                       |  |                                    |                           |             |                         |
| SIGNATURE.  | Signature, types | or printed name of registered agent a | 1 when reinstating)                                  |                             | DATE                  |  |                                    |                           |             |                         |
| Filling Pee is \$50.00<br>Due by May 1, 2008  |                  |                                       |  |                             |                       |  |                                    | check payal<br>Department |             | ,                       |
| 9.  |                  | MANAGING MEMBER                       | RS/MANAGERS  | 10.                         |                       |  | ADDITIONS/                         | CHANGES                   |             |                         |
| TITLE   | MGR<br>DEBRUH    | L, RICHARD T                          | Detets ITTU  |                             |                       |  |                                    |                           | Change      | ☐ Addition              |
| STREET ADDRESS<br>CITY-ST-ZIP   |                  | AN DRIVE                              | STRE   |                             | ET ADOMESS<br>-ST-ZIP |  |                                    |                           |             |                         |
| IIITE   |                  |                                       | ☐ Octato   | mu                          |                       |  |                                    |                           | Change      | Addition                |
| NAME<br>Street accress  |                  |                                       |  | KARE<br>STRE                | E<br>ET ADORESS       |  |                                    |                           |             |                         |
| CITY-ST-7P  |                  |                                       |  |                             | -ST-ZIP               |  |                                    |                           |             |                         |
| TITLE   |                  |                                       | Defets 717   |                             |                       |  |                                    |                           | Change      | Addition                |
| STREET ADDRESS  |                  |                                       |  | STRE                        | ET ADORESS            |  |                                    |                           |             |                         |
| TITUE   | _                |                                       | □ Delete   | TITU                        | -ST-ZIP               |  | <del></del>                        |                           | Change      | Addition                |
| HAME  | <u>-</u>         | -                                     | L, 0046  | KASE                        |                       |  |                                    | ٠                         | priority.   | -                       |
| STREET ADDRESS<br>City-St-Zip   |                  |                                       |  |                             | FT ADDRESS<br>-ST-ZIP |  |                                    |                           |             | [                       |
| mu.   |                  |                                       | Ociete   | πu                          | 1                     |  |                                    |                           | Change      | Add Ition               |
| NAME<br>Street Address  |                  |                                       |  | NAM.<br>STRE                | ET ADORESS            |  |                                    |                           |             | 1                       |
| CITY-S1-2#  |                  | <del></del>                           |  | -                           | -ST-23P               |  |                                    |                           |             |                         |
| TITLE   |                  |                                       | ☐ Deleta   | FITLE<br>NAME               |                       |  |                                    |                           | Change      | ☐ Addition              |
| STREET ADDRESS<br>CITY-ST-ZP  |                  |                                       |  | STRE                        | ET ADDRESS<br>-ST-ZEP |  |                                    |                           |             | }                       |
| 11. I hereby certify that the information supplied with this filling 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 managing the |                  |                                       |  |                             |                       |  |                                    |                           |             |                         |
| timited fability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Standee.   |                  |                                       |  |                             |                       |  |                                    |                           |             |                         |
| SIGNATURE: Kichan T. Nursul 1/6/06 850-291-7337   |                  |                                       |  |                             |                       |  |                                    |                           |             |                         |



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 12, 2006

RICHARD T. DEBRUHL, LLC 4708 DEAN DRIVE PACE, FL 32571

Subject: RICHARD T. DEBRUHL, LLC

Reference Number:

L05000027491

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report has not been filed and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051. Correction completed Alband

/MS ANNUAL REPORTS SECTION