2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State
07-19-2006 90093 012 ****50.00

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1. Entity Name
RIDGEBACK CONSULTING, LLC

3001249?0

07062006 Chg-LLC CR2E083 (11/05)

Principal Place of Business	Mailing Address
POST OFFICE BOX 568 ELLENTON, FL 34221	POST OFFICE BOX 568 ELLENTON, FL 34221

2. Principal Place of Business		3. Mailing Address	
7610 US HWY 41 NORTH		7610 US HWY 41 NORTH	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: PALMETTO, FL		City & State: PALMETTO, FL	
Zip: 34221	Country: US	Zip: 34221	Country: US

4. FEI Number: 20-2560424 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PERRON, ANDRE R
2808 MANATEE AVENUE WEST
BRADENTON, FL 34205

7. Name and Address of New Registered Agent

Name: ROGER F HRUBY
Street Address (P.O. Box Number is Not Acceptable): 7610 US HWY 41 NORTH
City: PALMETTO FL Zip Code: 34221

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] ROGER F HRUBY, MGRM DATE: 07/11/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00 Due by September 6, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HRUBY, ROGER POST OFFICE BOX 568 ELLENTON, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HRUBY, ROGER F 7610 US HWY 41 NORTH PALMETTO, FL 34221	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HRUBY, BRET POST OFFICE BOX 568 ELLENTON, FL 34221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM HRUBY, BRET 7610 US HWY 41 NORTH PALMETTO, FL 34221	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 [signature] ROGER F. HRUBY 941/723-1494