

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000039290

1. Entity Name

RON AND SON'S RENOVATION LLC



Principal Place of Business

**235 STRATHMORE CIRCLE
KISSIMMEE, FL 34744 US**

Mailing Address

**235 STRATHMORE CIRCLE
KISSIMMEE, FL 34744 US**



04102008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

11-3755577

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**A1A REGISTERED AGENT INC.
5647 110TH AVE. NORTH
ROYAL PALM BEACH, FL 33411-0000**

**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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

U00000935627
05/23/08-80075-014 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SIEMORE, MARION R
STREET ADDRESS	235 STRATHMORE CIRCLE
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	MGRM
NAME	SIEMORE, DUANE L
STREET ADDRESS	1121 COBBLESTONE CIR
CITY-ST-ZIP	KISSIMMEE, FL 34744
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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.

MARION R SIEMORE

SIGNATURE: Marion R Siemore

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

25 Apr 08

DATE

407-908-4893

DAYTIME PHONE #