

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90040 011 ****50.00

DOCUMENT # L05000072705

1. Entity Name
RYFAS VIII, LLC



Principal Place of Business
P.O. BOX 56554
JACKSONVILLE, FL 32241-6554

Mailing Address
P.O. BOX 56554
JACKSONVILLE, FL 32241-6554



02052007 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
87-0752128

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OUREDNIK, KAREL IV, ESQ
C/O OUREDNIK LAW OFFICES, P.A.
4925 BEACH BLVD.
JACKSONVILLE, FL 3222-07

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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 _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME RAYFAS LIMITED LLLP
STREET ADDRESS 4221 SOUTHPOINT PKWY
CITY-ST-ZIP JACKSONVILLE, FL 32216

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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: M Reza Samia 4-6-07 904-296-2810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #