

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 06, 2008 8:00 am**  
**Secretary of State**

05-06-2008 90005 008 \*\*\*138.75

**DOCUMENT # L05000072813**

1. Entity Name  
**RYAN'S HOUSE LLC.**



Principal Place of Business

**SUITE 118  
2627 NE 203RD ST.  
AVENTURAE, FL 33180**

Mailing Address

**SUITE 118  
2627 NE 203RD ST.  
AVENTURAE, FL 33180**

**60039593**



02182008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-3225872**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**DAVIS, RONALD L  
1550 N.E. MIAMI GARDENS DRIVE, SUITE 200  
NORTH MIAMI BEACH, FL 33179**

**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**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FAITH, KEVIN
STREET ADDRESS	2627 NE 203RD ST,
CITY-ST-ZIP	20485 E COUNTRY CLUB DR, #2001 AVENTURA, FL 33180 #118

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 606, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

4/18/08 305-682-4991

Date

Daytime Phone #