

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # L05000093222

1. Entity Name  
RICSHER ONE LLC



Principal Place of Business  
5589 VINTAGE OAKS TERRACE  
DELRAY BEACH, FL 33484

Mailing Address  
5589 VINTAGE OAKS TERRACE  
DELRAY BEACH, FL 33484

**FILED**  
**Apr 05, 2007 08:00 AM**  
**Secretary of State**



02282007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-3506413

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEVY, SHERYL S  
5589 VINTAGE OAKS TERRACE  
DELRAY BEACH, FL 33484

**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 \_\_\_\_\_

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEVY SHERYL, S 5589 VINTAGE OAKS TERRACE DELRAY BEACH, FL 33484
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U000000690297  
04/12/07-80009-007 50.00

**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.

SIGNATURE: x

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

x 4/3/07 561-638-6136  
Date Daytime Phone #