2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 06, 2008
Secretary of State

DOCUMENT# L05000105359

Entity Name: RITEON HOLDING COMPANY, L.L.C.

Current Principal Place of Business:

8000 WEST HIGHWAY 326
OCALA, FL 34482 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3625
OCALA, FL 34478 US

New Mailing Address:

19 PARKVIEW LN
ORMOND BEACH, FL 32174 US

FEI Number: 20-3800344 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DAVIS, TIM C
3720 NE 40TH PL
OCALA, FL 34479 US

Name and Address of New Registered Agent:

DAVIS, TIM C
19 PARKVIEW LN
ORMOND BEACH, FL 32174 US

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.

SIGNATURE: TIM DAVIS 08/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: DAVIS, TIM C
Address: 3720 NE 40TH PL
City-St-Zip: OCALA, FL 34479 US

Title: MGMR (X) Delete
Name: PIZZONIA, ELIZABETH
Address: 8000 WEST HIGHWAY 326
City-St-Zip: OCALA, FL 34482 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DAVIS, TIM C
Address: 19 PARKVIEW LN
City-St-Zip: ORMOND BEACH, FL 32174 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TIM DAVIS MGMR 08/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date