


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000107417 1. Entity Name RIOUX AND ASSOCIATES, LLC	
---	---

Principal Place of Business 8263 WEYBRIDGE DR JACKSONVILLE, FL 32244	Mailing Address 8263 WEYBRIDGE DR JACKSONVILLE, FL 32244
--	--

DO NOT WRITE IN THIS SPACE



01202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 56-2560260	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent RIOUX, MICHAEL J 8263 WEYBRIDGE DR JACKSONVILLE, FL 32244
--

**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 NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOUX, MICHAEL J 8263 WEYBRIDGE DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR RIOUX, MICHAEL O 8263 WEYBRIDGE DR JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000830965
02/26/08-80103-011 150.00

**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

MICHAEL J. RIOUX, MGR

Date

Daytime Phone #

(904) 779-0561