2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000118314

1. Entity Name
RINGHAVER FUNDING, LLC

Principal Place of Business	Mailing Address
6522 SURFSIDE BOULEVARD APOLLO BEACH, FL 33572 US	6522 SURFSIDE BOULEVARD APOLLO BEACH, FL 33572 US

DO NOT WRITE IN THIS SPACE

01072008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
20-4421394	Not Applicable

5. Certificate of Status Desired   ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

KASS, MICHAEL
1505 N. FLORIDA AVENUE
TAMPA, FL 33601

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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

0000000787064
01/17/08-00068-014 138.75

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

G/L Code   Amt.

138.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	RINGHAVER, LANCE
STREET ADDRESS	6522 SURFSIDE BOULEVARD
CITY-ST-ZIP	APOLLO BEACH, FL 33572
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #