## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## DOCUMENT # L05000118318

1. Entity Name

RINGHAVER INVESTMENT, LLC



Principal Place of Business

Mailing Address

6522 SURFSIDE BOULEVARD APOLLO BEACH, FL 33572 6522 SURFSIDE BOULEVARD APOLLO BEACH, FL 33572

**FILED** Jan 10, 2008 08:00 Al Secretary of State



01072008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number
	20-4421476

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Register	ed Agent
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1505 N. FI TAMPA, FI	LORIDA AVENUE	IN THIS S	randra de la			
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 signatura required when reinstating)	DATE			
	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.75	U00 01/11/	000778863 708-80014-015 138.75			
9.	MANAGING MEMBERS/MANAGERS					
TITLE	MGRM					
NAME	RINGHAVER, LANCE		arterialist ariska i die en			
STREET ADDRESS	6522 SURFSIDE BOULEVARD					
CITY-ST-ZIP	APOLLO BEACH, FL 33572					
ካቢር						
NAME						
STREET ADDRESS						

## CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEN OR AUTHORIZED REPRESENTATIVE

Daytime Phone #