

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012664

FILED
Aug 31, 2009
Secretary of State

Entity Name: RIDGE MANHOLE SERVICE LLC

Current Principal Place of Business:

5933 KALOGRIDIS RD
HAINES CITY, FL 33844

New Principal Place of Business:

Current Mailing Address:

PO BOX 2611
HAINES CITY, FL 33845

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

Name and Address of New Registered Agent:

WHIFFEN, CHRISTOPHER A
5933 KALOGRIDIS
HAINES CITY, FL 33844 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WHIFFEN, CHRISTOPHER A
Address: PO BOX 2611
City-St-Zip: HAINES CITY, FL 33845

Title: MGR () Delete
Name: WHIFFEN, LINDA
Address: PO BOX 2611
City-St-Zip: HAINES CITY, FL 33845

ADDITIONS/CHANGES:

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

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: CHRISTOPHER WHIFFEN

MGRM

08/31/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date