

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012664

**FILED**  
**Apr 29, 2011**  
**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 (X)**

**Name and Address of Current Registered Agent:**

WHIFFEN, CHRISTOPHER A  
5933 KALOGRIDIS  
HAINES CITY, FL 33844 US

**Name and Address of New Registered Agent:**

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  
**Name:** WHIFFEN, CHRISTOPHER A  
**Address:** 5933 KALOGRIDIS  
**City-St-Zip:** HAINES CITY, FL 33844

**Title:** MGR  
**Name:** WHIFFEN, LINDA  
**Address:** 5933 KALOGRIDIS  
**City-St-Zip:** HAINES CITY, FL 33844

I hereby 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 A WHIFFEN

MGRM

04/29/2011

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