

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L06000018362

1. Entity Name
814 RIVERSIDE DRIVE, LLC



Principal Place of Business
6205 SW WOODHAM STREET
PALM CITY, FL 34990 US

Mailing Address
6205 SW WOODHAM STREET
PALM CITY, FL 34990 US

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90131 038 ***138.75



02202008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 26-1449632 Applied For
NOT APPLICABLE Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DICKINSON, KATHLEEN T
6205 SW WOODHAM STREET
PALM CITY, FL 34990

**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	MGRM DICKINSON, KATHLEEN T 6205 SW WOODHAM STREET PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DICKINSON, RUSSELL L 6205 SW WOODHAM STREET PALM CITY, FL 34990
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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: Kathleen Dickinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2-21-08 771-287-148

Date

Daytime Phone #