


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008 8:00 am
Secretary of State

04-11-2008 90174 007 ***138.75

DOCUMENT # L06000025337					
1. Entity Name SUSAN M. RICHARDS, LLC					
Principal Place of Business 1047 ROYAL TROON COURT TARPON SPRINGS, FL 34688			Mailing Address 1047 ROYAL TROON COURT TARPON SPRINGS, FL 34688		
2. Principal Place of Business - No P.O. Box # 412 E Tarpon Avenue		3. Mailing Address 412 E Tarpon Avenue			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Tarpon Springs, FL		City & State Tarpon Springs, FL		4. FEI Number 20-4467424	
Zip 34689		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent BURKE, ROBERT C JR. 412 E. TARPON AVE. TARPON SPRINGS, FL 34689		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City FL Zip Code _____			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGRM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, SUSAN M		NAME	Susan M Richards	
STREET ADDRESS	1047 ROYAL TROON CT		STREET ADDRESS	412 E Tarpon Avenue	
CITY-ST-ZIP	TARPON SPRINGS, FL 34688		CITY-ST-ZIP	Tarpon Springs FL 34689	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Susan M. Richards</u>			3/3/2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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