

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037739

Entity Name: RUDA, LLC

FILED
Aug 25, 2008
Secretary of State

Current Principal Place of Business:

1255 LAQUINTA DRIVE
SUITE 208
ORLANDO, FL 32809

New Principal Place of Business:

5 GHOST PONY ROAD
BLUFFTON, SC 29910

Current Mailing Address:

1255 LAQUINTA DRIVE
SUITE 208
ORLANDO, FL 32809

New Mailing Address:

5 GHOST PONY ROAD
BLUFFTON, SC 29910

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

AKOOKA, RUBI
1255 LAQUINTA DRIVE
SUITE 208
ORLANDO, FL 32809 US

Name and Address of New Registered Agent:

BENNY DAVIS, DAVID
5 GHOST PONY ROAD
BLUFFTON, FL SC 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: DAVID BENNY DAVIS

08/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR (X) Delete
Name: AKOOKA, RUBI
Address: 1255 LAQUINTA DRIVE, STE 208
City-St-Zip: ORLANDO, FL 32809

Title: MGRM () Delete
Name: DAVIS, DAVID B
Address: #5 GHOST PONY DRIVE
City-St-Zip: BLUFFTON, SC 29910

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: DAVID BENNY DAVIS

MANA

08/25/2008

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