

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/28/2007-90065-019-\$55.00-\$55.00

FILED

07 OCT 25 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # L06000054625



1. Entity Name
RYAN & SON, LLC

Principal Place of Business
**1564 S. MONTGOMERY ST
DELAND, FL 32720**

Mailing Address
**1564 S. MONTGOMERY ST
DELAND, FL 32720**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05072007

Chg-LLC

CR2E083 (12/06)

4. FEI Number

205160382

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RYAN, MICHAEL J
1564 S. MONTGOMERY ST.
DELAND, FL 32720**

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

Michael Ryan

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00
Due by September 14, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
RYAN, MICHAEL J
1564 S. MONTGOMERY ST.
DELAND, FL 32720**

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

[Signature]

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

Date

Daytime Phone #

386-864-6047