

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 15, 2008 8:00 am
Secretary of State

07-15-2008 90006 022 ***138.75

DOCUMENT # L06000060802 1. Entity Name RIPP'S RESCUE CPR & FIRST AID LLC			
Principal Place of Business 309 SW 16TH AVE APT #157 GAINESVILLE, FL 32601		Mailing Address 309 SW 16TH AVE APT #157 GAINESVILLE, FL 32601	
2. Principal Place of Business - No P.O. Box # 3229 NE 44th Ave Suite, Apt. #, etc.		3. Mailing Address 3229 NE 44th Ave Suite, Apt. #, etc.	
City & State High Springs, FL Zip 32643		City & State High Springs, FL Zip 32643	
Country Gilchrist		Country Gilchrist	
4. FEI Number 20-4599387		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FINNEGAN, KIMBERLY L. Kimberly L. Finnegan 752 BAHIA CIRCLE OCALA, FL 34472 3229 NE 44th Ave High Springs FL 32643		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: DATE: 5/4/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FINNEGAN, KIM 752 BAHIA CIRCLE OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address * use above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIPP, JEN 752 BAHIA CIRCLE OCALA, FL 34472 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Address * use above <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		Date: 5/2/08 Daytime Phone #: 386-454-4149	