

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000060802

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** RIPP'S RESCUE CPR & FIRST AID LLC

**Current Principal Place of Business:**

9202 SW 94TH TERRACE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

2220 SW 34TH STREET  
123  
GAINESVILLE, FL 32608

**Current Mailing Address:**

9202 SW 94TH TERRACE  
GAINESVILLE, FL 32608

**New Mailing Address:**

2220 SW 34TH STREET  
123  
GAINESVILLE, FL 32608

**FEI Number:** 20-4599387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FINNEGAN, KIMBERLY L  
9202 SW 94TH TERRACE  
GAINESVILLE, FL 32608 US

**Name and Address of New Registered Agent:**

FINNEGAN, KIMBERLY L  
2220 SW 34TH STREET  
123  
GAINESVILLE, FL 32608 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: KIMBERLY L. FINNEGAN

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FINNEGAN, KIMBERLY L  
Address: 2220 SW 34TH STREET, #123  
City-St-Zip: GAINESVILLE, FLORIDA, FL 32608

I hereby 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: KIMBERLY L. FINNEGAN

MGRM

02/16/2010

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