

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT #L06000061129

1. Entity Name
RICHIEDA SPRINGS, LLC



Principal Place of Business

410 SW SUNDANCE TRAIL
SAWGRASS LAKES
PORT ST LUCIE, FL 34953 US

Mailing Address

410 SW SUNDANCE TRAIL
SAWGRASS LAKES
PORT ST LUCIE, FL 34953 US



01262008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5183826

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

COTTAGE ACCOUNTING
UNIT A502
1811 PALM CITY RD
STUART, FL 34994

**DO NOT WRITE
IN THIS SPACE**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
BYRNE, ROGER A
5 MARKET PLACE
WOBURN, BEDFORDSHIRE, XX MK17 9PZ

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
FIELD-BYRNE, JANICE E
410 SW SUNDANCE TRAIL
PORT ST LUCIE, FL 34953

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
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CITY- ST- ZIP

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CITY- ST- ZIP

U000009837011
05/27/08-90033-001 138.75

**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

4/28/2008 772-621-5000