


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L06000063930</b> 1. Entity Name <b>RICHMOND, LLC</b>	
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Principal Place of Business <b>540 RUDDER ROAD NAPLES, FL 34102 US</b>	Mailing Address <b>28 B REUBEN BROWN ROAD EXETER, RI 02822 US</b>
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**DO NOT WRITE IN THIS SPACE**



02152008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number <b>20-5076298</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>DOYLE, GEORGE 540 RUDDER ROAD NAPLES, FL 34102</b>
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**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**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	MGRM DOYLE, GEORGE 28 B REUBEN BROWN ROAD EXETER, FL 28022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOYLE, SUSAN 28 B REUBEN BROWN ROAD EXETER, RI 28022
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U000000888157  
04/08/08-80018-008 138.75

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.

<b>SIGNATURE:</b> 	<b>3/18/08</b>	<b>401-295 5509</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	<small>Date</small>	<small>Daytime Phone #</small>