

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

07 APR 30 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L06000078873

1. Entity Name
RYAN L.L.C.



Principal Place of Business
126 ST. JAMES ST.
PANACEA, FL 32346

Mailing Address
PO BOX 303
PANACEA, FL 32346

BK



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

04122007 Chg-LLC CR2E083 (12/06)

4. FEI Number
41-2211546

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

GWIN, RYAN P
126 ST. JAMES ST.
PANACEA, FL 32346

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

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

(NOTE: Registered Agent signature required when reinstating)

4/12/07

DATE

Filing Fee is \$50.00
Due by May 1, 2007

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GWIN, RYAN P
126 ST. JAMES ST.
PANACEA, FL 32346 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
100101702551
05/07/07--01018--010 **\$0.00

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Ryan P. Gwin

4/12/07

1-850-888-8888

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

Date

Daytime Phone #

694-8638