


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90358 033 ****50.00

DOCUMENT # L06000090275 1. Entity Name RAGGED MTS., LLC					
Principal Place of Business 659 N.W. 155TH WAY NEWBERRY, FL 32669			Mailing Address 659 N.W. 155TH WAY NEWBERRY, FL 32669		
2. Principal Place of Business - No P.O. Box # 9119 SW 52nd Ave.		3. Mailing Address 9119 SW 52nd Ave.			
Suite, Apt. #, etc. Suite C-102		Suite, Apt. #, etc. Suite C-102			
City & State Gainesville, FL		City & State Gainesville, FL			
Zip 32608		Country USA		Zip 32608	
Country USA		4. FEI Number 20-5556454			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TRIBBLE, MEGAN F 659 N.W. 155TH WAY NEWBERRY, FL 32669					
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>					
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 <u>Megan F. Tribble</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIBBLE, MEGAN F 659 N.W. 155TH WAY NEWBERRY, FL 32669 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	9119 SW 52nd Ave Gainesville, FL 32608 Suite C-102 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u>Megan F. Tribble</u> 04/30/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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