

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2008 08:00 A
Secretary of State

DOCUMENT # L06000094032

1. Entity Name
RISDON FINANCIAL GROUP, LLC



Principal Place of Business
**121 GULF BRIDGE LANE
SANTA ROSA BEACH, FL 32459 US**

Mailing Address
**PO BOX 611543
ROSEMARY BEACH, FL 32461 US**



04062008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRADLEY, LORI A
121 GULF BRIDGE LANE
SANTA ROSA BEACH, FL 32459**

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**

04/22/08 09:00:04 010 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	BRADLEY, LORI A
STREET ADDRESS	PO BOX 611543
CITY- ST- ZIP	ROSEMARY BEACH, FL 32461
TITLE	MGRM
NAME	BRADLEY, STEVEN R
STREET ADDRESS	PO BOX 611543
CITY- ST- ZIP	ROSEMARY BEACH, FL 32461
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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:

Lori Bradley

Lori Bradley 4/7/08 850.685.1088

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

Date

Daytime Phone #