

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000106510

1. Entity Name

B.L. RICHARDSON & ASSOCIATES, LLC



Principal Place of Business

55 SW CR 484
OCALA, FL 34473

Mailing Address

13800 S. MAGNOLIA AVE.
OCALA, FL 34473



05092008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

RICHARDSON, BONNIE L
13800 S. MAGNOLIA AVE.
OCALA, FL 34473

**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
Due by September 12, 2008

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

U000000950966
06/04/08-80013-004 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RICHARDSON, BONNIE L
STREET ADDRESS	13800 S. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA, FL 34473
TITLE	MGRM
NAME	SIMON, JAMES H
STREET ADDRESS	4000 20TH ST. WEST APT 103
CITY-ST-ZIP	BRADENTON, FL 34205
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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

5/10/08

Date

352-875-6728

Daytime Phone #