

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

02-26-2007 90305 033 ****50.00

DOCUMENT # L06000122127					
1. Entity Name RING MANAGEMENT, LLC					
Principal Place of Business 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207			Mailing Address 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-8095207	
Zip		Country		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NAJEM, LAWRENCE J 1506 PRUDENTIAL DRIVE JACKSONVILLE, FL 32207			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
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 <i>Lance Kinghaver</i> STREET ADDRESS <i>Managing Member</i> CITY- ST- ZIP <i>10401 Fernhill Dr Riverview FL 33569</i>	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY- ST- ZIP _____	☐ Change ☐ Addition	
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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: <i>Lance Kinghaver</i>			Date <i>2/22/07</i> <i>815-671-3700</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					