2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/8

FILED
Mar 25, 2008 8:00 am
Secretary of State

02-08-2008 90095 019 ***138.75

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01222008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L07000014842

1. Entity Name
RAMSELL MANAGEMENT, LLC

Principal Place of Business
423 N. BOUNDARY STREET, SUITE 200
WILLIAMSBURG, VA 23185

Mailing Address
423 N. BOUNDARY STREET, SUITE 200
WILLIAMSBURG, VA 23185

2. Principal Place of Business - No P.O. Box # 350 MCLAWS CIR
Suite, Apt. #, etc. /
City & State WILLIAMSBURG VA
Zip 23185 Country USA

3. Mailing Address 350 MCLAWS CIR
Suite, Apt. #, etc. /
City & State WILLIAMSBURG VA
Zip 23185 Country USA

4. FEI Number 45-0550339 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, EDMUND R
C/O RAMSELL CAPITAL MANAGEMENT, INC.
2000 SOUTH BAYSHORE DRIVE, #40
MIAMI, FL 33133

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GEORGE MILLER
STREET ADDRESS	116 LONG POINT
CITY-ST-ZIP	WILLIAMSBURG VA 23185
☐ Delete	

TITLE	~~MGR~~ GM
NAME	~~EDMUND MILLER~~
STREET ADDRESS	~~2000 S. BAYSHORE DR. #40~~
CITY-ST-ZIP	~~COCONUT GROVE, FLA 33133~~
☒ Delete	

TITLE	
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10. ADDITIONS/CHANGES

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
☐ Change ☐ Addition	

TITLE	
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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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #