2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 14, 2008 8:00 am Secretary of State

DOCUMENT # L07000054535 1. Entity Name RYCO, LLC					02-14-2008 90075 022 ***138.75			
Principal Place of Business Mailing Address		Mailing Address			60008	155		
5811 ATLANTIC BLVD		5811 ATLANTIC BLVD						
237 Jacksonville, Fl 32207		237 Jacksonville, FL 32207			# 15 1 16 11 12 12	BRIEF BLYN BYDDY BLAFF LYGET B	IAR e l an 1 0 e 1	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02042008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numb	Y60 9377	—	pplied For ot Applicable	
Zip	Country	Zip	Country]	of Status Desired	\$5.00 Ad	ditional_	
	6. Name and Address of Current	Registered Agent		7. Name and	d Address of New Re		30	
			Name					
DELLACROSSE, RYAN A 3423 MAYFLOWER ST JACKSONVILLE, FL 32205			Street Addres	Address (P.O. Box Number is Not Acceptable)				
JACKSON	VILLE, FL 32205			•				
			City		<u></u>	FL Zip Coo	ie	
	named entity submits this statement folions of registered agent.	or the purpose of changing its re	egistered office or regis	stered agent, or bo	oth, in the State of Flor	rida. I am familiar with	, and accept	
0.00.4.7.1.00								
SIGNATURE .	Signature, typed or printed name of registered energy	and little if agolicable (NOTE: 6	Registered Agent signature regul	ared when reinstature)		DATE		
FiLE	Signature, typed or printed name of registered agent NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75		Registered Agent signature requ	ared when reinstating)		check payable to Department of Stat	te	
FiLE	NOW!!! FEE IS \$138.75		Registered Agent signature requi	ared when reinstating)		check payable to Department of Stat	te	
FILE After May	NOW!!! FEE IS \$138.75 71,2008 Fee will be \$538.79 MANAGING MEMBE MGR		10. TITLE	ared when reinstating)	Florida	check payable to Department of Stat	te Addition	
9. TITLE NAME STREET ADDRESS	MANAGING MEMBE MGR WILLIAMS, CORY D 5811 ATLANTIC BLVD #237	RS/MANAGERS	10. TITLE NAME STREET ADDRESS	ared when reinstating)	Florida	check payable to Department of Stat		
FILE After May 9. TITLE NAME	MANAGING MEMBE MGR WILLIAMS, CORY D	RS/MANAGERS	10. TITLE NAME	ared when reinstating)	Florida	check payable to Department of Stat		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	MANAGING MEMBE MGR WILLIAMS, CORY D 5811 ATLANTIC BLVD #237 JACKSONVILLE, FL 32207 MGR DELLACROSSE, RYAN A	RS/MANAGERS	10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE. NAME	ared when reinstating)	Florida	e check payable to Department of Stat CHANGES 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 of justee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ____

PRINTED NAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

904-333-9243