

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073250

FILED
Jan 07, 2009
Secretary of State

Entity Name: RAMSDELL HOLDINGS, LLC

Current Principal Place of Business:

7030 N.W. HWY 225A
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

7030 N.W. HWY 225A
OCALA, FL 34482

New Mailing Address:

FEI Number: 26-0533504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZITZKA, JOSEPH W
450 SOUTH ORANGE AVENUE, SUITE 250
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

ZITZKA, JOSEPH W
215 NORTH EOLA DRIVE
ORLANDO, FL 32801 US

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.

SIGNATURE:

01/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, ALAN J
Address: 7030 NW HWY 225A
City-St-Zip: OCALA, FL 344826731 US

Title: MRGM () Delete
Name: ZITZKA, KYLENE L
Address: 878 RIVER BOAT CIRCLE
City-St-Zip: ORLANDO, FL 32828 US

Title: MGRM () Delete
Name: CLARK, CORINNE K
Address: 6447 ENGRAM RD.
City-St-Zip: NEW SMYRNA BEACH, FL 32169 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN J. CLARK

DR

01/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date