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

06-06-2008 90104 016 ****50.00
07-25-2008 90015 009 ****88.75

6/6

50008942

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000100456

1. Entity Name
RUBY AVOCADO LLC

Principal Place of Business	Mailing Address
5092 A1A SOUTH ST. AUGUSTINE, FL 32080 US	5092 A1A SOUTH ST. AUGUSTINE, FL 32080 US

06052008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 26-1167898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARZSO, CRAIG S 5092 A1A SOUTH ST. AUGUSTINE, FL 32080	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 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.	Make check payable to Florida Department of State

9.	MANAGING MEMBERS/MANAGERS		10.	ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARZSO, CRAIG S 22 WATER STREET SAINT AUGUSTINE, FL 32084	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REED, JENNIFER 317 HIGH TIDE DR. SAINT AUGUSTINE BEACH, FL 32080	☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS 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: x Jennifer J. Reed 7/22/08 904-471-2263
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

JENNIFER J REED, MGRM, OWNER

ATTACHMENT

FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 9, 2008

RUBY AVOCADO LLC
5092 A1A SOUTH
ST. AUGUSTINE, FL 32080 US

Subject: **RUBY AVOCADO LLC**

Reference Number: **L07000100456**

/sk
ANNUAL REPORTS SECTION

This had been sent to officer to sign check & was lost in mail.

pd 88.75 # 2018

2nd check 88.75 # 2022