

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90235 016 ***138.75

DOCUMENT # L07000103222 1. Entity Name RICCI ENGINEERING LLC					
Principal Place of Business 7315 BEARDSLEY ST. ENGLEWOOD, FL 34224			Mailing Address 7315 BEARDSLEY ST. ENGLEWOOD, FL 34224		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent RICCI, ROBERT K 7315 BEARDSLEY ST. ENGLEWOOD, FL 34224			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			4. FFI Number 26-1220789		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For Not Applicable		
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable			DATE _____ (NOTE: Registered Agent signature required when reinstating)		
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RICCI, ROBERT K 7315 BEARDSLEY ST. ENGLEWOOD, FL 34224	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RICCI, REBECCA M 7315 BEARDSLEY ST. ENGLEWOOD, FL 34224	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u><i>RK Ricci</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: <u>3/20/2008</u> Daytime Phone #: <u>(941) 460-8137</u>		