


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

03-31-2008 90273 015 ***138.75
L07000109327

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

08 OCT 23 PM 4:11

| | | | | | |
|--|---|---|--|--|--|
| DOCUMENT # L07000109327 1. Entity Name SHARON H. RYAN LLC | | | |  | |
| Principal Place of Business 200 E. LAKE MARY BLVD. SANFORD, FL 32773 | | | Mailing Address 200 E. LAKE MARY BLVD. SANFORD, FL 32773 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | 4. FEI Number | |
| Zip | | Country | | 03272008 Chg-LLC CR2E083 (12/06) <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| RYAN, SHARON H 200 E. LAKE MARY BLVD. SANFORD, FL 32773 | | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$138.75 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE | MGRM <input type="checkbox"/> Delete RYAN, SHARON H 200 E. LAKE MARY BLVD. SANFORD, FL 32773 | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
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| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | |
| 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: Sharon H Ryan <small>SIGNATURE AND TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | SHARON H. RYAN <small>Date</small> | | |
| | | | 3/27/2008 407-312-6706 <small>Daytime Phone #</small> | | |