

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000007118

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** RONAD ENTERPRISES, LLC

**Current Principal Place of Business:**

1420 FRUIT COVE RD N  
SAINT JOHNS, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600891  
SAINT JOHNS, FL 32260 US

**New Mailing Address:**

PO BOX 600891  
SAINT JOHNS, FL 322600891 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

BRAUNSMITH, RHONDA  
1420 FRUIT COVE RD N  
SAINT JOHNS, FL 32259 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRAUNSMITH, RHONDA  
Address: 1420 FRUIT COVE RD N  
City-St-Zip: SAINT JOHNS, FL 32259 US

I hereby 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: RHONDA BRAUNSMITH

MGRM

04/22/2010

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