2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98 000000015

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN -9 AM 10:19

1. Entity Name
A. RYMA, L.L.C.
P.O. BOX 1472
LONGWOOD, FL. 32752-1472

Principal Place of Business	Mailing Address
300 PADRICK AVE DELAND, FL. 32720	P.O. BOX 1472 LONGWOOD, FL. 327521472

2. Principal Place of Business	3. Mailing Address
300 PADRICK AVE	P.O. BOX 1472
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELAND FL	City & State: LONGWOOD, FL
Zip: 32720 Country: USA	Zip: 32752/1472 Country: SEMINOLE

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3488791 ☐ 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
CORPORATE CREATIONS, ENTERPRISES INC. 4521 PGA BLVD. #211 PALM BEACH GARDENS, FL. 32418	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT MGR SUSAN F. RYAN P.O. BOX 1472 LONGWOOD, FL 327521472	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BLT ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. CHARLES GOWEN MGRM 1320 E. BARON ST. LONGWOOD, FL. 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER CHARLES A. MASON MGR 150-S. FRANKLIN AVE, BERLIN, NJ. 08009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003297956--3 -06/20/00--01090--006 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR1E083 (11/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ CHARLES GOWEN V.P. 4-30-2000 407-221-1075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #