


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90196 038 \*\*\*\*50.00

<b>DOCUMENT # L98000000015</b>	
1. Entity Name <b>A. RYMA, L.L.C.</b>	

Principal Place of Business <b>300 PADRICK AVE. DELAND FL 32720</b>	Mailing Address <b>P.O. BOX 1472 LONGWOOD FL 32752-1472</b>
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2. Principal Place of Business - No P.O. Box # <b>2621 S. SANFORD AVE</b>	3. Mailing Address <b>S/A</b>
Suite, Apt. #, etc. <b>SANFORD</b>	Suite, Apt. #, etc.
City & State <b>SANFORD, FL</b>	City & State
Zip <b>32773</b>	Country <b>SEMINOLE</b>

1st MOORE CR2E083 (10/06)

4. FEI Number <b>59-3488791</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CORPORATE CREATIONS ENTERPRISES INC 11380 PROSPERITY FARMS ROAD, SUITE 221-E PALM-BEACH GARDENS FL 33418</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P RYAN, SUSAN F 303 EARL STREET LONGWOOD FL 32750</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*Susan F. Ryan* **SUSAN F. RYAN** 1-27-07 457-331-8999