

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 A
Secretary of State

DOCUMENT # L98000003389

1. Entity Name
RICHMOND APARTMENTS, L.L.C.



Principal Place of Business
6844 DELEON STREET
FORT MYERS, FL 33907

Mailing Address
P.O. BOX 1814
PRINCETON, WV 24740



02082008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
55-0764274

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

TURNER, GARY
1080 GOODLETTE RD., NORTH
NAPLES, FL 34102

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BLANKENSHIP, MILDRED
31 MORNINGSIDE
PRINCETON, WV 24740

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
WHEELER, SUE
27 MORNINGSIDE
PRINCETON, WV 34740

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000825265
02/21/08-80002-012 143.75

**DO NOT WRITE
IN THIS SPACE**

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: Sue Wheeler

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

2-08-08 304-487-2811

Date

Daytime Phone #