## FILED May 05, 2008 8:00 am Secretary of State 05-05-2008 90030 019 \*\*\*138.75

2008	IMITED LIABILITY COMPAN'	T
	ANNUAL REPORT	

DOCUMENT # M9900002069  1. Entity Name LUDWIG HOLDING COMPANY, LLC						05-05-2008 9	0030 019	) ***138	.75		
Principal Place of Business 702 N CANOE CREEK RD KENANSVILLE, FL 34739		Mailing Address PO BOX 87 KENANSVILLE, FL 34739				102 121 E 121   SZYK SZ    SZYK		<b></b>	(11 :09)		
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04252008	Chg-LLC	CR2E08	3 (12/06)			
City & State	9		City & State		4. FEI Numb 65-096			_ <del> </del>	plied For Applicable		
Zíp		Country	Zip	Coun	itry	5. Certificate of Status Desired		□ È	\$5.00 Additional Fee Required		
	, 6. Name	and Address of Current R	tegistered Agent Name			7. Name and	d Address of New Re	gistered Ag	ent		
LUDWIG, ROBERT P MGR 702 CANOE CREEK ROAD						P.O. Box Numb	ber is Not Acceptable)	1			
KENANSV	ILLE, FL	34739									
					City			FL	Zip Code	!	
			the purpose of changing its	register	ed office or register	ed agent, or bo	oth, in the State of Flor	ida. Lam fai	πiliar with, a	and accept	
the obligations of registered agent.  SIGNATURE Signature. Npod or printed name of registered agent and title ill applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						••		check pay Departmen			
9.	1100	MANAGING MEMBER		10.			ADDITIONS/				
title Name	MGR LUDWIG.	ROBERT P III	☐ Delete	TITL	l			I	Change	Addition	
STREET ADORESS CITY-ST-ZIP	702 CANO	DE CREEK ROAD VILLE, FL 34739		STR	EET ADDRESS '- ST-ZIP						
TITLE			☐ Delete	TITL	E			Į	Change	☐ Addition	
NAME STREET ADDRESS				NAM	E ET ADORESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE	☐ Delete			TITL	1			[	Change	Addition	
NAME Street adoress				NAM STRE	ET ADDRESS		-	-	<del>.</del>		
CITY-ST-ZIP			•		-ST-ZIP						
TITLE			□ Delete	TITU	l			[	☐ Change	☐ Addition	
NAME Street address				NAM STRI	ET ADDRESS						
CITY-ST-ZIP				CITY	-ST-ZIP						
TITLE NAME	☐ Delete			TITL NAM	i			ĺ	Change	Addition	
STREET ADORESS					EET ADORESS						
CITY-ST-ZIP				-1	-ST-ZIP					<u> </u>	
TITLE NAME			☐ Delete	TITL				Į.	Change	Addition	
STREET ADDRESS					EET ADDRESS		.*				
CITY-ST-ZIP	ļ				-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.											
Sign Here 3 6/1/08											
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGEN OR AUTHORIZED REPRESENTATIVE / Date Dayurise Prone #											