

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012260

**Entity Name:** CHARLENE H. RUDE LMT, LLC

**Current Principal Place of Business:**

14140 8TH STREET  
DADE CITY, FL 33525

**Current Mailing Address:**

34648 DOGWOOD DRIVE  
RIDGE MANOR, FL 33523

**FEI Number:** 27-1812883

**Certificate of Status Desired:** No

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

RUDE, CHARLENE H  
34648 DOGWOOD DRIVE  
RIDGE MANOR, FL 33523 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name RUDE, CHARLENE H  
Address 34648 DOGWOOD DRIVE  
City-State-Zip: RIDGE MANOR FL 33523

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLENE H. RUDE

**MANAGER**

**03/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date