2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000080800

Entity Name: RMPENTERPRISES LLC

11253 SW NORTHLAND DRIVE

PORT ST. LUCIE, FL 34987 US

Address:

City-St-Zip:

FILED Aug 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 146 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986 **Current Mailing Address: New Mailing Address:** 146 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986 FEI Number: 26-0673397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HAFFEY, GERALD 146 NW CENTRAL PARK PLAZA PORT ST LUCIE, FL 34986 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 MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HAFFEY, GERARD Name: Name: Address: 11253 SW NORTHLAND DRIVE Address: City-St-Zip: PORT ST. LUCIE, FL 34987 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition Name: EGIZIO, DIANNE Name: Address: 8598 SW SEA CAPTAIN DRIVE Address: City-St-Zip: STUART, FL 34997 US City-St-Zip: Title: MGRM (X) Delete Title: () Change () Addition BONGARD, ROBERT Name: Name: 11253 SW NORTHLAND DRIVE Address: Address: City-St-Zip: PORT ST. LUCIE, FL 34987 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition SUTTON-BROWN, DONNY Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

Address:

City-St-Zip:

SIGNATURE: GERALD HAFFEY MGRM 08/21/2009