

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008 4/1**

FILED
May 15, 2008 8:00 am
Secretary of State

04-11-2008 90190 001 ***277.50

DOCUMENT # L07000086714	
1. Entity Name 3RLC, LLC	

Principal Place of Business 763 SHAMROCK BOULEVARD VENICE FL 34293 US	Mailing Address 763 SHAMROCK BOULEVARD VENICE FL 34293 US
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2. Principal Place of Business - No P.O. Box # 742 Shamrock Blvd	3. Mailing Address 742 Shamrock Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E083 (10/07)

City & State	City & State
Zip	Country

4. EEI Number 260874692	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent KLINGBEIL, ROBERT T JR 341 W. VENICE AVENUE VENICE FL 34285	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL 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 _____ DATE _____
Fig. 1000, 1000-1, 1000-2, 1000-3, 1000-4, 1000-5, 1000-6, 1000-7, 1000-8, 1000-9, 1000-10, 1000-11, 1000-12, 1000-13, 1000-14, 1000-15, 1000-16, 1000-17, 1000-18, 1000-19, 1000-20, 1000-21, 1000-22, 1000-23, 1000-24, 1000-25, 1000-26, 1000-27, 1000-28, 1000-29, 1000-30, 1000-31, 1000-32, 1000-33, 1000-34, 1000-35, 1000-36, 1000-37, 1000-38, 1000-39, 1000-40, 1000-41, 1000-42, 1000-43, 1000-44, 1000-45, 1000-46, 1000-47, 1000-48, 1000-49, 1000-50, 1000-51, 1000-52, 1000-53, 1000-54, 1000-55, 1000-56, 1000-57, 1000-58, 1000-59, 1000-60, 1000-61, 1000-62, 1000-63, 1000-64, 1000-65, 1000-66, 1000-67, 1000-68, 1000-69, 1000-70, 1000-71, 1000-72, 1000-73, 1000-74, 1000-75, 1000-76, 1000-77, 1000-78, 1000-79, 1000-80, 1000-81, 1000-82, 1000-83, 1000-84, 1000-85, 1000-86, 1000-87, 1000-88, 1000-89, 1000-90, 1000-91, 1000-92, 1000-93, 1000-94, 1000-95, 1000-96, 1000-97, 1000-98, 1000-99, 1000-100

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAYER, ROBERT B JR 763 SHAMROCK BOULEVARD VENICE FL 34293 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STRAYER, LISA C 763 SHAMROCK BOULEVARD VENICE FL 34293 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 742 Shamrock Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 742 Shamrock Blvd
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: *Lisa Strayer* 1/24/08 9414971290
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Certificate Price \$