

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022769

**Entity Name:** RTLEE, LLC

**Current Principal Place of Business:**

6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822

**Current Mailing Address:**

6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LEE, KATHLEEN S  
6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
ORLANDO, FL 32822 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	Title	MGR
Name	LEE, KATHLEEN S	Name	LEE, RICHARD T
Address	6509 HAZELTINE NATIONAL DRIVE, STE 6	Address	6509 HAZELTINE NATIONAL DRIVE, STE 6
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822

*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:** KATHLEEN S LEE

**MGR**

**02/01/2018**

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

\_\_\_\_\_  
Date