

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031532

Entity Name: RMB, LLC**Current Principal Place of Business:**161 BAY COLONY WAY
APALACHICOLA, FL 32320**Current Mailing Address:**161 BAY COLONY WAY
APALACHICOLA, FL 32320**FEI Number:** 20-3618928**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLOODWORTH, RONALD M
161 BAY COLONY WAY
APALACHICOLA, FL 32320 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	BLOODWORTH, RONALD M
Address	161 BAY COLONY WAY
City-State-Zip:	APALACHICOLA FL 32320

Title	MGR
Name	CHANDLER, MELISSA J
Address	423 PRIOR STREET N.E
City-State-Zip:	GAINESVILLE GA 30501

Title	MGRM
Name	BLOODWORTH, MICHAEL J
Address	161 BAY COLONY WAY
City-State-Zip:	APALACHICOLA FL 32320

Title	MGR
Name	BLOODWORTH, BENJIMIN T
Address	3586 SANGANI BLVD SUITE L
City-State-Zip:	D,LBERVILLE MS 39540

Title	MGR
Name	BLOODWORTH, MARCUS J
Address	951 HEATHCHASE
City-State-Zip:	SUWANEE GA 30024

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: RONALD M. BLOODWORTH

MGN

03/07/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date