

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000068326

Entity Name: RH ALACHUA, LLC**Current Principal Place of Business:**5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609**Current Mailing Address:**5405 CYPRESS CENTER DRIVE, SUITE 320
TAMPA, FL 33609**FEI Number:** 20-3170705**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLCOMB, VICTOR WESQ.
3203 W CYPRESS STREET
TAMPA, FL 33607 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	MGRM
Name	RATH ONE, LLC
Address	5405 CYPRESS CENTER DR SUITE 320
City-State-Zip:	TAMPA FL 33609

Title	MGRM
Name	HARPER FAMILY HOLDINGS LLC
Address	5405 CYPRESS CENTER DRIVE STE 320
City-State-Zip:	TAMPA FL 33609

Title	P
Name	RATH, FRED H
Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609

Title	VP
Name	HARPER, WILLIAM H
Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609

Title	ST
Name	BLUNN, TIFFANY J
Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609

Title	VP
Name	MARTLING, ROBERT A
Address	5405 CYPRESS CENTER DRIVE, SUITE 320
City-State-Zip:	TAMPA FL 33609

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: ROBERT A MARTLING

VP

04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail_____
Date