

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014416

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC2352671217**

**Entity Name:** RIT LLC

**Current Principal Place of Business:**

3820 VIA DEL REY  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3820 VIA DEL REY  
BONITA SPRINGS, FL 34134

**FEI Number:** 51-0589806

**Certificate of Status Desired:** No

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

VINCE, LINDA L  
3820 VIA DEL REY  
BONITA SPRINGS, FL 34134 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 SULTAN, SHAHID  
Address 15671 CHATFIELD DR.  
City-State-Zip: FT. MYERS FL 33908

Title MGRM  
Name SULTAN, KELLI M  
Address 15671 CHATFIELD DR.  
City-State-Zip: FT. MYERS FL 33908

Title MGRM  
Name VINCE, BRYAN C  
Address 8090 LAKE SAN CARLOS  
City-State-Zip: FT. MYERS FL 33967

Title MGRM  
Name VINCE, LINDA L  
Address 23192 GRASSY PINE DR.  
City-State-Zip: ESTERO FL 33928

*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:** LINDA L VINCE

**MEMBER**

**02/20/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date