

**2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000114038

**FILED**  
**Jan 24, 2018**  
**Secretary of State**  
**CC6689613464**

**Entity Name:** R&M SERVICE SOLUTIONS, LLC

**Current Principal Place of Business:**

7256 WESTPORT PLACE, SUITE A  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

7256 WESTPORT PLACE, SUITE A  
WEST PALM BEACH, FL 33413 US

**FEI Number:** 27-1422665

**Certificate of Status Desired:** No

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

NATHAN E. NASON, ATTORNEY AT LAW  
3001 PGA BOULEVARD  
SUITE 301  
PALM BEACH GARDENS, FL 33410 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 MMGR  
Name RAKOCZY, JOHN R  
Address 7256 WESTPORT PLACE, SUITE A  
City-State-Zip: WEST PALM BEACH FL 33413

Title MGR  
Name JACKSON, RUSSELL A  
Address 7671 ELLIS AVENUE, UNIT A  
City-State-Zip: HUNTINGTON BEACH CA 92648

Title MANAGER  
Name RAKOCZY, COREY D  
Address 7256 WESTPORT PLACE, SUITE A  
City-State-Zip: WEST PALM BEACH FL 33413

Title AUTHORIZED MEMBER  
Name GEORGE, MICHAEL  
Address 7256 WESTPORT PLACE, SUITE A  
City-State-Zip: WEST PALM BEACH FL 33413

Title AUTHORIZED MEMBER  
Name SOMMERS, MILES  
Address 7256 WESTPORT PLACE, SUITE A  
City-State-Zip: WEST PALM BEACH FL 33413

*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:** JOHN RAKOCZY

**MMGR**

**01/24/2018**

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

\_\_\_\_\_  
Date