

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000176658

**Entity Name:** SLR/RBS, LLC

**Current Principal Place of Business:**

4811 S. 76TH STREET  
SUITE 211  
GREENFIELD, WI 53220

**Current Mailing Address:**

4811 S. 76TH STREET  
SUITE 211  
GREENFIELD, WI 53220 US

**FEI Number:** 82-2684307

**Certificate of Status Desired:** No

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

REALTY MANAGEMENT CONSULTANTS INC  
2780 E FOWLER AVE  
#2004  
TAMPA, FL 33612 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           MANAGER  
Name           REALTY MANAGEMENT  
                  CONSTULANTS INC  
Address        4811 S. 76TH STREET  
                  SUITE 211  
City-State-Zip: GREENFIELD WI 53220

Title           MANAGER  
Name           BUTTS, GREG  
Address        4811 S. 76TH STREET  
                  SUITE 211  
City-State-Zip: GREENFIELD WI 53220

Title           AUTHORIZED REPRESENTATIVE  
Name           MILLER, LYNNE M  
Address        4811 S 76TH ST STE 211  
City-State-Zip: GREENFIELD WI 53220

*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:** LYNNE M MILLER

**AUTHORIZED REP**

**02/18/2022**

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

\_\_\_\_\_  
Date