

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

DOCUMENT# M0400000396

**FILED**  
**Nov 08, 2018**  
**Secretary of State**  
**CC1639671959**

**Entity Name:** RSBC DELAWARE, LLC

**Current Principal Place of Business:**

4200 N FLAGLER DR  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

4200 N FLAGLER DR  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 83-0376820

**Certificate of Status Desired:** Yes

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

SERVICE USA INC  
4200 N FLAGLER DR  
WEST PALM BEACH, FL 33407 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           HUIZENGA HOLDINGS, INC.  
Address        4200 N FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title           P  
Name           HUIZENGA, H WAYNE JR  
Address        4200 N FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title           VT  
Name           SARGENT, TIMOTHY W  
Address        4200 N FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title           VS  
Name           VIDUEIRA, CARLOS  
Address        4200 N FLAGLER DR  
City-State-Zip: WEST PALM BEACH FL 33407

Title           VP  
Name           BRANDEN, CRIS  
Address        7900 GLADES ROAD SUITE 402  
City-State-Zip: BOCA RATON FL 33434

*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:** CRIS BRANDEN

11/08/2018

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

\_\_\_\_\_ Date