

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # L00000000492

1. Entity Name
RMMP, LLC



Principal Place of Business

1800 S. OCEAN BLVD., SUITE 410
POMPANO BEACH, FL 33062

Mailing Address

1800 S. OCEAN BLVD., SUITE 410
POMPANO BEACH, FL 33062



03102004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
67-4402309

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WEIGEL, RAY
STREET ADDRESS 1800 SOUTH OCEAN BLVD., #410
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33062

TITLE MGR
NAME MURPHY, W. PATRICK
STREET ADDRESS 1800 SOUTH OCEAN BLVD., #410
CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 33062

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U00000103367
04/05/04-80077-016 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE: W. Patrick Murphy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/23/04 941-730-7122
Date Daytime Phone #