

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2004 8:00 am**  
**Secretary of State**

03-23-2004 90069 045 \*\*\*\*50.00

**DOCUMENT # L00000000815**

1. Entity Name  
RSD REAL ESTATE MANAGEMENT, LLC



Principal Place of Business

9505 S.E. 134TH STREET  
SUMMERFIELD, FL 34491

Mailing Address

PO BOX 1060  
HUNTINGTON, WV 25713-1060



01062004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3621903

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
-Fee Required-

6. Name and Address of Current Registered Agent

HUMPHRIES, J. GREGORY ESQ.  
300 SOUTH ORANGE AVENUE  
SUITE 1000  
ORLANDO, FL 32801-3373

**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	POINDEXTER, J. BERNARD JR
STREET ADDRESS	9505 S.E. 134TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	MGR
NAME	POINDEXTER, ELIZABETH T
STREET ADDRESS	9505 S.E. 134TH STREET
CITY-ST-ZIP	SUMMERFIELD, FL 34491
TITLE	MGR
NAME	POINDEXTER, CAROLYN J
STREET ADDRESS	RT 1, BOX 279
CITY-ST-ZIP	PRICHARD, WV 25555
TITLE	MGR
NAME	POINDEXTER, METTA E
STREET ADDRESS	126 ROTARY ROAD
CITY-ST-ZIP	HUNTINGTON, WV 25705
TITLE	MGR
NAME	WILLIAMS, MARY P
STREET ADDRESS	156 CAMELOT DRIVE 3515 Fronterac Ct
CITY-ST-ZIP	HUNTINGTON, WV 25701 Aurora, Illinois 60504
TITLE	MGR
NAME	POINDEXTER, J.B. III
STREET ADDRESS	23804 ROLLING FORK WAY
CITY-ST-ZIP	GAITHERSBURG, MD 20882

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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: Mary P. Wellion, authorized member  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

03-15-04

Date

(630) 692-1230  
Daytime Phone #