2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Feb 12, 2004 8:00 am DOCUMENT # L0000004090 Secretary of State 1. Entity Name 02-12-2004 90116 025 \*\*\*\*50.00 R.C.L. HOLDINGS, L.C. Principal Place of Business Mailing Address 11774 HARBORSIDE CIRCLE NORTH 111774 HARBORSIDE CIRCLE NORTH 24010277 LARGO FL-33733 9775 78th Are. N. Seninole, FL 33777 9775 78t Seminole, FL 33777 3. Mailing Address 78 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) Gity & State City & State 4. FEI Number Applied For 59-3641690 EMINO/E Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent Name LAZARUS, ROBERT 11774 HARBORSIDE CIRCLE NORTH Number & Not Acceptable) **LARGO FL 33733** 9775 78th Ave. N. Seminale, FC 33777 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 the obligations of registered agent Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES ☐ Delete TITLE MGR TITLE ☐ Change ☐ Addition LAZARUS, ROBERT NAME 11774 HARBORSIDE CIRCLE NORTH 9775 78 FL AVEN 9115 18 Ave No STREET ADDRESS STREET ADDRESS Semilale, FL33, SEMINOLE FL 33777 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 11774 HARBORSIDE CIRCLE NORTH 9775 78 K ALEW LAZARUS, CAROL STREET ADDRESS STREET ADDRESS Sem role, PL337 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 Trate 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 proposes of indicated on this report is true and ac

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