

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L00000010179**

1. Entity Name  
**RLB PROPERTIES, L.L.C.**



Principal Place of Business  
**1011 JEFFORDS STREET, BUILDING D  
CLEARWATER, FL 33756**

Mailing Address  
**1011 JEFFORDS STREET, BUILDING D  
CLEARWATER, FL 33756**



04032004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-3402749**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**5. Name and Address of Current Registered Agent**

**GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756**

**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

*William R. LaRosa Jr. M.D.* 4/7/04

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

04032004-00085-003 50.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
ROSS, T. JOHNSON JR.  
1011 JEFFORDS STREET, BUILDING D  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
LAROSA, WILLIAM R JR.  
1011 JEFFORDS STREET, BUILDING D  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGR  
BARKLEY, CRAIG  
1011 JEFFORDS STREET, BUILDING D  
CLEARWATER, FL 33756**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/7/04

Date

727-441-1508

Daytime Phone #

*William R. LaRosa Jr. M.D.*