## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## Feb 24, 2005 8:00 am Secretary of State DOCUMENT # L00000010210 02-24-2005 90107 016 \*\*\*\*55.00 RSCC PROPERTIES, LLC Principal Place of Business Mailing Address COUCIUUS 1882 PORTER LAKE DRIVE #104 1882 PORTER LAKE DRIVE #104 SARASOTA, FL 34240 SARASOTA, FL 34240 3. Mailing Address 2. Principal Place of Business 7504 Cove Suite, Apt. #, etc. 02192005 CR2E083 (10/03) Chg-LLC Bradenton FL 4. FEI Number Applied For City & State 65-1040530 Not Applicable Country \_U\_S\_A Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROGERS, SOPHIA C Street Address (P.O. Box Number 15 Not Acceptable) 7504 COVENTRY COURT SARASOTA FL 34202 BRADENTON,FL 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 📿 nd title if applicable (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change TOLF □ Delete ☐ Addition ROGERS, ROBERT NAME NAME STREET ADDRESS 1882 PORTER LAKE DRIVE #104 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34240 CITY-ST-ZIP MGRM Change MGRM TITLE ☐ Delete TITLE Addition ROGERS, SOPHIA 7504 Coventry Court NAME ROGERS, SOPHIA NAME STREET ADDRESS 1882 PORTER LAKE DRIVE #104 STREET ADDRESS SARASOTA, FL 34240 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 ndicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I imited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes limited liability company or the receiver or trustee empoy

MSER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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