


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 07, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000015873 1. Entity Name RML FINANCIAL SERVICES, LLC	
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Principal Place of Business 8370 W. FLAGLER ST., STE. 125 MIAMI, FL 33144	Mailing Address 8370 W. FLAGLER ST., STE. 125 MIAMI, FL 33144
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DO NOT WRITE IN THIS SPACE



02022005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-1064043	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ROTH, ROBERT 8370 W. FLAGLER ST., STE. 125 MIAMI, FL 33144	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

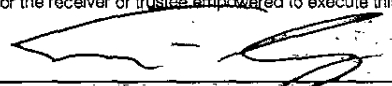
**Filing Fee is \$50.00
Due by May 1, 2005**

000000218824
02/08/05-80003-011 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES ROTH, ROBERT CPA 8370 W. FLAGLER ST., STE. 125 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MITTELBERG, RICKEY 1 CPA 8370 W. FLAGLER ST., STE. 125 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEVY, ERIC 8370 W FLAGLER ST #125 MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(f), 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:  **Eric Levy** 2/2/05 305-554-1560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #