


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90104 040 ****50.00

DOCUMENT # L01000005977	
1. Entity Name RSG ENTERPRISES, LLC	

Principal Place of Business 6912 FIREBIRD DRIVE ORLANDO FL 32810	Mailing Address 6912 FIREBIRD DRIVE ORLANDO FL 32810
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686 Park Valley Circle (Please change Address)


2. Principal Place of Business <i>686 Park Valley Cir</i>	3. Mailing Address <i>Same</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Clermont FLA</i>	City & State <i>Same</i>
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Zip <i>34711</i>	Country <i>USA</i>	Zip <i>34711</i>	Country <i>USA</i>
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6. Name and Address of Current Registered Agent	
ROSS, WINSTON 2341 WEKIVA RIDGE ROAD APOPKA FL 32712	

24009566



MOORE CR2E083 (11/03)

4. FEI Number 52-2312094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

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 *Richard S. Gallon* DATE *2/4/04*
Signature, typed or printed name of registered agent and title if 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		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRP GALLON, RICHARD S 6912 FIREBIRD DR ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS GALLON, RHONDA B 6912 FIREBIRD DR ORLANDO FL 32810 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 *Richard S. Gallon* DATE *2/4/04* DAYTIME PHONE # *407 948 6430*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE