

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # L01000007928

1. Entity Name
RMG ASSOCIATES, L.L.C.



Principal Place of Business
8505 N.W. 49TH DRIVE
CORAL SPRINGS, FL 33067

Mailing Address
8505 N.W. 49TH DRIVE
CORAL SPRINGS, FL 33067



04102004No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HART, BRIAN A
RAFFERTY, HART, STOLZENBERG, ET AL
1401 BRICKELL AVE, SUITE 825
MIAMI, FL 33131-0000

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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

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

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME RUMASUGLIA, GINA M
STREET ADDRESS 8505 NW 49TH DR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE ST
NAME RUMASUGLIA, MARIO
STREET ADDRESS 8505 NW 49TH DR
CITY-ST-ZIP CORAL SPRINGS, FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

U000000117525
04/19/04-80022-025 50.00

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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

Date

Daytime Phone #

475-04 954-592 1585