


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Sep 23, 2004 8:00 am**  
**Secretary of State**

09-23-2004 90069 012 \*\*\*\*50.00

|   |  |  |   |  |  |
|---|--|--|---|--|--|
| <b>DOCUMENT # L01000012617</b><br>1. Entity Name<br><b>R.L.C. ENTERPRISES, LLC</b>  |  |  |   |             |  |
| Principal Place of Business<br><b>8242 VIA HERMOSA<br/>SANFORD, FL 32771</b>  |  |  | Mailing Address<br><b>8242 VIA HERMOSA<br/>SANFORD, FL 32771</b>  |  |  |
| 2. Principal Place of Business<br><b>98 SPRING GLEN DRIVE</b><br>Suite, Apt. #, etc.  |  | 3. Mailing Address<br><b>98 SPRING GLEN DRIVE</b><br>Suite, Apt. #, etc. |   |  |  |
| City & State<br><b>DEBARY FLORIDA</b><br>Zip Country<br><b>32713 USA</b>  |  | City & State<br><b>DEBARY FLORIDA</b><br>Zip Country<br><b>32713 USA</b> |   | 4. FEI Number<br><b>59-3735998</b><br>Applied For<br><input type="checkbox"/> Not Applicable |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required   |  |  |   |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>SLEZAK, LINDA<br/>8242 VIA HERMOSA<br/>SANFORD, FL 32771</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name <b>SLEZAK, LINDA</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>98 SPRING GLEN DRIVE</b><br>City <b>DEBARY</b> <b>FL</b> Zip Code <b>32713</b> |  |  |
| 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.<br>SIGNATURE <u><b>LINDA SLEZAK, MGRM</b></u> <i>Linda Slezak</i> <b>9-13-04</b><br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering) DATE</small>                              |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 8, 2004</b>   |  |  | <b>Make check payable to<br/>Florida Department of State</b>  |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>   |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br><b>SLEZAK, ROBERT</b><br><b>8242 VIA HERMOSA</b><br><b>SANFORD, FL 32771</b> | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br><b>SLEZAK, ROBERT</b><br><b>98 SPRING GLEN DRIVE</b><br><b>DEBARY FL 32713</b>       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br><b>SLEZAK, LINDA</b><br><b>8242 VIA HERMOSA</b><br><b>SANFORD, FL 32771</b>  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRM<br><b>SLEZAK, LINDA</b><br><b>98 SPRING GLEN DRIVE</b><br><b>DEBARY FL 32713</b>        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <br><br><br>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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. |  |  |   |  |  |
| <b>SIGNATURE:</b> <i>Linda Slezak</i> <b>LINDA SLEZAK</b> <b>9-13-04</b> <b>386-668-2161</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>   |  |  |   |  |  |