

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000022769

Entity Name: RTLEE, LLC

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822

**New Principal Place of Business:**

**Current Mailing Address:**

6509 HAZELTINE NATIONAL DR.  
SUITE 6  
ORLANDO, FL 32822

**New Mailing Address:**

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEE, KATHLEEN S  
6509 HAZELTINE NATIONAL DRIVE  
SUITE 6  
ORLANDO, FL 32822 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: LEE, KATHLEEN S  
Address: 6509 HAZELTINE NATIONAL DRIVE, STE 6  
City-St-Zip: ORLANDO, FL 32822

Title: MGR  
Name: LEE, RICHARD T  
Address: 6509 HAZELTINE NATIONAL DRIVE, STE 6  
City-St-Zip: ORLANDO, FL 32822

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KATHLEEN S. LEE

MGR

01/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date