

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90026 040 ****50.00

DOCUMENT # L02000008058

1. Entity Name
RGM LLC



Principal Place of Business
2629 WEST OAKLAND PARK BLVD.
OAKLAND PARK, FL 33311

Mailing Address
707 VIRGINIA STREET - SUITE 1200 400
CHARLESTON, WV 25301

14001561



04222005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
01-0666855

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
MARTIN, TIM
2331 NW 33RD ST. APT. 301
FORT LAUDERDALE, FL 33309

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
DIPIERO, TIMOTHY
604 VIRGINIA ST EAST
CHARLESTON, WV 25301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 #