

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000015257	
1. Entity Name RGL CONSULTING, LLC	
Principal Place of Business 1488 VICTORIA ISLE DRIVE WESTON, FL 33327 US	Mailing Address 1488 VICTORIA ISLE DRIVE WESTON, FL 33327 US



04192004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 72-1528539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALL, ROBIN
1488 VICTORIA ISLE DRIVE
WESTON, FL 33327

**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 _____ (NOTE: Registered Agent signature required when changing) _____ DATE _____

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALL, ROBIN 1488 VICTORIA ISLE DRIVE WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GALL, STEVEN A 1488 VICTORIA ISLE DRIVE WESTON, FL 33327
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05/05/04-80029-013 50.00

**DO NOT WRITE
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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)(j), 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: *Robin Gall* 5/1/04 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #