

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000015714

1. Entity Name

RTD INVESTMENTS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 29 AM 8:58

Principal Place of Business

1721 N. FRANKLIN ST.
TAMPA FL 33602

Mailing Address

ATTENTION: BOBBY MOORE, JR
P.O. BOX 5468
LAKELAND FL 33807
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

AP-PLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANIER, JOANN SR.
3706 DMG DR.
LAKELAND FL 33811

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P ☐ Delete
NAME MOORE, BOBBY L JR.
STREET ADDRESS P.O. BOX 5468
CITY-ST-ZIP LAKELAND FL 33807

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME RODGERS, TOM
STREET ADDRESS 1721 N. FRANKLIN
CITY-ST-ZIP TAMPA FL 33602

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

THOMAS S Rodgers

3-21-05 813-229-2778