

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Sep 30, 2004 8:00 am**  
**Secretary of State**

09-30-2004 90087 011 \*\*\*\*50.00

**DOCUMENT # L02000019501**

1. Entity Name  
RNB, L.C.



Principal Place of Business  
10107 SOUTHERN BLVD.  
ROYAL PALM BEACH, FL 33411

Mailing Address  
10107 SOUTHERN BLVD.  
ROYAL PALM BEACH, FL 33411



08162004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**75-3075379**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

CAPLAN, LAWRENCE A ESQ  
2200 CORPORATE BLVD., STE. 304  
BOCA RATON, FL 33431

**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 reappointing)

DATE

**Filing Fee is \$50.00  
Due by September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE P  
NAME GIOVIA, SALVATORE  
STREET ADDRESS 2559 KITTBUCK WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE MGRM  
NAME GIOVIA, SALVATORE  
STREET ADDRESS 2559 KITTBUCK WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE VS  
NAME GIOVIA, ROSE ANN  
STREET ADDRESS 2559 KITTBUCK WAY  
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ~~BISHOP, JEFFREY~~  
NAME ~~1760 ANNANDALE CIR~~  
STREET ADDRESS ~~ROYAL PALM BEACH, FL 33411~~  
CITY-ST-ZIP

TITLE ~~MEM~~  
NAME ~~BISHOP, CHARLENE~~  
STREET ADDRESS ~~1760 ANNANDALE CIR~~  
CITY-ST-ZIP ~~ROYAL PALM BEACH, FL 33411~~

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 #

8-20-04

361428-2648

LAWRENCE A. CAPLAN, P.A.

ATTORNEY AND COUNSELOR AT LAW

2200 CORPORATE BLVD., SUITE 304

BOCA RATON, FLORIDA 33431

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E-MAIL: INTLTAXCORPLAW@AOL.COM

WWW.SEQUOIAINTERNATIONAL.US

ADMITTED: FLORIDA, CALIFORNIA, OREGON, U.S. TAX COURT

Attachment  
24686408  
L02000019501

14 September 2004

Secretary of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

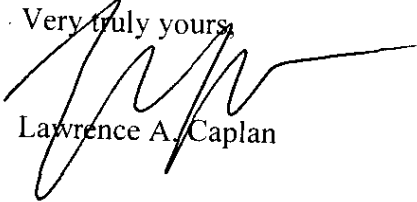
Re: RNB, L.C.-Annual Report

Dear Sirs:

This is to ask that you waive any late fee associated with the filing of this annual report due to the fact that our office was closed last week due to problems related to Hurricane Frances.

I greatly appreciate your consideration in this regard.

Very truly yours,

  
Lawrence A. Caplan