

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000022424

1. Entity Name
RMD PROPERTIES, LLC



Principal Place of Business
**3725-B STATE ROAD 16
ST. AUGUSTINE, FL 32092**

Mailing Address
**3725-B STATE ROAD 16
ST. AUGUSTINE, FL 32092**



03202005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3651872

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PLATT, BENJAMIN L
1200 PLANTATION ISLAND DRIVE, SOUTH
SUITE 230
ST. AUGUSTINE, FL 32080**

**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-STATE-ZIP
**MGRM
YOUNG, RONALD
3725-B STATE ROAD 16
ST. AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SEVERT, DANIEL
3725-B STATE ROAD 16
ST. AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGRM
SEVERT, MICHAEL
3725-B STATE ROAD 16
ST. AUGUSTINE, FL 32092**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

000000275338
03/24/05-80050-010 50.00

**DO NOT WRITE
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

3/18/05

Date

904 824 8071

Daytime Phone #