

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

FILED

07 MAR -2 PM 2:29

CLERK OF STATE  
TALLAHASSEE, FLORIDA



02192007 No Chg-LLC

CR2E083 (11/05)

**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, 2007**

**800090594968**  
03/05/07--01002--013 \*\*400.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
MGRM  
YOUNG, RONALD  
STREET ADDRESS  
3725-B STATE ROAD 16  
CITY - ST - ZIP  
ST. AUGUSTINE, FL 32092

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 #

2-21-07 904 874 8671

23/5