

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90205 013 ****50.00

DOCUMENT # L02000024102

1. Entity Name
RPM INVESTMENTS, LLC



Principal Place of Business
5747 SUGARWOOD COURT
JUPITER, FL 33458

Mailing Address
5747 SUGARWOOD COURT
JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE



01172005No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4211298

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

KUSHNER, STEVEN P ESQ
1375 JACKSON STREET
FORT MYERS, FL 33901

**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 MGRM
NAME RISLEY, ROB
STREET ADDRESS PO BOX 413
CITY-ST-ZIP FORT MYERS, FL 33902

TITLE MGRM
NAME POLANIS, ROB
STREET ADDRESS 240 SAND KEY ESTATES DR., #28
CITY-ST-ZIP CLEARWATER, FL 33767

TITLE MGRM
NAME MORRISON, RUSSELL
STREET ADDRESS 5747 SUGARWOOD CT.
CITY-ST-ZIP JUPITER, FL 33458

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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 #

3-21-05

561-252-1220