

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 11, 2007 08:00 AM
Secretary of State

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



01072007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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, 2007**

000000581743
01/11/07-80004-001 50.00

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	
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 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

1-8-07 561-252-1220

Date

Daytime Phone #