

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
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



01212008 No Chg-LLC

CR2E083 (12/07)

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

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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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

00000845218
03/13/08-80030-008 138.75

9. MANAGING MEMBERS/MANAGERS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

RUSSELL C. MORRISON

Date

2/29/08

Daytime Phone #

561-252-1220