

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000034655

1. Entity Name
RDP, LLC



Principal Place of Business

**1191 EAST NEWPORT CENTER DRIVE
SUITE 210
DEERFIELD BEACH, FL 33442 US**

Mailing Address

**1191 EAST NEWPORT CENTER DRIVE
SUITE 210
DEERFIELD BEACH, FL 33442 US**



01122006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

54-2075612

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CASTELL, RONALD
1191 EAST NEWPORT CENTER DRIVE
SUITE 210
DEERFIELD BEACH, FL 33442**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SCHWAB, DOUG
1191 E. NEWPORT CTR. DR., STE. 210
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
WHITE, PAMELA
1191 E. NEWPORT CTR. DR., STE. 210
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CASTELL, RONALD
1191 E. NEWPORT CTR. DR., STE. 210
DEERFIELD BEACH, FL 33442**

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000000541170
05/10/06-80048-001 50.00

**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:

P. White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-24-06 954-422-8811

Date

Daytime Phone #