

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000035090

Entity Name: RSG 1013, LLC

FILED  
Jan 06, 2009  
Secretary of State

**Current Principal Place of Business:**

405 N REO ST  
SUITE 200  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

405 N REO ST  
SUITE 200  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 56-2324767

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOWLER WHIRE BOGGS BANKER, PA  
C/O E. JACKSON BOGGS  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

FOWLER WHITE BOGGS BANKER, PA  
C/O E. JACKSON BOGGS  
501 E. KENNEDY BLVD., STE. 1700  
TAMPA, FL 33602 US

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.

SIGNATURE: RICHARD S. GIUNTA

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: GIUNTA, GRACE G  
Address: 576 RIVIERA DR  
City-St-Zip: TAMPA, FL 33606 US

Title: MGR ( ) Delete  
Name: GIUNTA, RICHARD S  
Address: 2608 S DUNDEE  
City-St-Zip: TAMPA, FL 33629 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD S. GIUNTA

MGR

01/06/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date