

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 30, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000001626

1. Entity Name
SUITT-RKC, LLC, I



Principal Place of Business
**270 SOUTH NORTHLAKE BLVD
1008
ALTAMONTE SPRINGS, FL 32701 US**

Mailing Address
**270 SOUTH NORTHLAKE BLVD
1008
ALTAMONTE SPRINGS, FL 32701 US**



08252006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-3891470

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SASSO, MICHAEL C
1031 W. MORSE BLVD.
SUITE 260
WINTER PARK, FL 32789**

**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 September 6, 2006**

U000000575666
08/30/06-80004-001 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RKC CONSTRUCTION, INC. 270 SOUTH NORTHLAKE BLVD #1008 ALTAMONTE SPRINGS, FL 32701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SUITT CONSTRUCTION COMPANY, INC. 201 EAST MCBEE AVENUE # 300 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DECEMBRINO, JOHN T VP 201 EAST MCBEE AVENUE, STE 300 GREENVILLE, SC 29601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:

Deborah A. Theroux, v.p.

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

8/29/06

Date

407-571-1000

Daytime Phone #