


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90026 026 ***138.75

DOCUMENT # L03000008878	
1. Entity Name RNB HOLDINGS, LLC	

Principal Place of Business 130 KEYES COURT SANFORD, FL 32773	Mailing Address 130 KEYES COURT SANFORD, FL 32773
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60029201

2. Principal Place of Business - No P.O. Box # 240 Springview Commerce Dr. Suite, Apt. #, etc.	3. Mailing Address 240 Springview Commerce Dr. Suite, Apt. #, etc.
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City & State De Bary, FL	City & State De Bary, FL
Zip 32713	Zip 32713
Country US	Country US

04242008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent TATICH, PHILIP 1151 NORTH ORANGE AVENUE WINTER PARK, FL 32789	
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7. Name and Address of New Registered Agent Name Robert Marler Street Address (P.O. Box Number is Not Acceptable) 3279 Regal Crest Drive City Longwood FL Zip Code 32779	
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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	DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARLER, ROBERT R 3279 REGAL CREST DRIVE LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date	Daytime Phone #
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