

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017250

Entity Name: RNL ENTERPRISE, LLC

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

1809 E BROADWAY ST # 360
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

1809 E BROADWAY ST # 360
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 31-1821260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NUSZKOWSKI, LYNE D
15841 PINES BLVD # 173
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

NUSZKOWSKI, LYNE D
1809 E BROADWAY ST
#354
OVIEDO, FL 32765 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: LYNE NUSZKOWSKI

04/18/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NUSZKOWSKI, RICARDO F
Address: 15841 PINES BLVD # 173
City-St-Zip: PEMBROKE PINES, FL 33027

Title: MGRM () Delete
Name: NUSZKOWSKI, LYNE D
Address: 15841 PINES BLVD # 173
City-St-Zip: PEMBROKE PINES, FL 33027

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NUSZKOWSKI, RICARDO F
Address: 1809 E BROADWAY ST #354
City-St-Zip: OVIEDO, FL 32765

Title: MGRM (X) Change () Addition
Name: NUSZKOWSKI, LYNE D
Address: 1809 E BROADWAY ST # 354
City-St-Zip: OVIEDO, FL 32765

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: LYNE NUSZKOWSKI

MGMR

04/18/2008

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