

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 10, 2008 8:00 am
Secretary of State

04-10-2008 90131 004 ***138.75

DOCUMENT # L03000025372

1. Entity Name
RMJP LLC



Principal Place of Business
**901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462**

Mailing Address
**901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462**

60021747



04032008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
23-2206405

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LEMUS, MARTHA
10409 NORTH FLORIDA AVENUE
TAMPA, FL 33612-6708**

**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 re-registering)

DATE _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KATZ, PAULA
901 ARTIS ROAD
PLYMOUTH MEETING, PA 19462**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RAPOPORT, MITCHELL
1002 VALLEY GLEN RD
ELKINS PARK, PA 19027**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
RAPOPORT, JEFFREY
458 N. APPLE TREE LANE
LAFAYETTE HILL, PA 19444**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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: _____

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

Paula Katz
Paula Katz

4/7/08
4/7/08

Date

215 426 1605
215 426 1605

Daytime Phone #