

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025808

FILED
Mar 24, 2009
Secretary of State

Entity Name: RITS HOLDINGS, LLC

Current Principal Place of Business:

625 N.W. 16TH AVENUE
MIAMI, FL 33125 US

New Principal Place of Business:

Current Mailing Address:

625 N.W. 16TH AVENUE
MIAMI, FL 33125 US

New Mailing Address:

FEI Number: 20-0089598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELDER & LEWIS PA
BAYVIEW EXECUTIVE PLAZA
3225 AVIATION AVE STE 301
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WELLS, THOMAS O
Address: 200 SOUTH BISCAYNE BLVD., SUITE 1000
City-St-Zip: MIAMI, FL 33131 US

Title: D () Delete
Name: BORDEN, JONATHAN R
Address: 625 NW 16 AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D (X) Delete
Name: BORDEN, MARIA I
Address: 625 NW 16 AVENUE
City-St-Zip: MIAMI, FL 33125

ADDITIONS/CHANGES:

Title: D (X) Change () Addition
Name: BORDEN, JONATHAN R
Address: 625 NW 16TH AVENUE
City-St-Zip: MIAMI, FL 33125

Title: D (X) Change () Addition
Name: BORDEN, MARIA
Address: 625 NW 16 AVENUE
City-St-Zip: MIAMI, FL 33125

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: JONATHAN R BORDEN

D

03/24/2009

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