

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90093 019 ****50.00

DOCUMENT # L03000026857

1. Entity Name
RPM DEVELOPMENT, LLC



Principal Place of Business
**4460 LEGENDARY DRIVE, STE. 100
DESTIN, FL 32541**

Mailing Address
**4460 LEGENDARY DRIVE, STE. 100
DESTIN, FL 32541**

20003082



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01072005 Chg-LLC CR2E083 (10/03)

4. FEI Number
20-0094078

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WATSON, FRANKLIN H P.A.
5365 E. COUNTY HIGHWAY 30A, SUITE 105
SEAGROVE BEACH, FL 32459**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 May 1, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCCULLAR, LEE
4460 LEGENDARY DR
DESTIN, FL 32541**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
MCCULLAR, LEE
4460 LEGENDARY DR #100
DESTIN, FL 32541**

☒ Change

☐ Addition

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☐ Change

☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/12/05 (850) 282-2420

Day Daytime Phone #