

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2005 8:00 am
Secretary of State

04-19-2005 90032 034 ****50.00

DOCUMENT # L03000028339 1. Entity Name RDA CHEECA, LLC			
Principal Place of Business 3651 BONITA BAY BLVD BONITA SPRINGS, FL 34134		Mailing Address 3651 BONITA BAY BLVD BONITA SPRINGS, FL 34134	
2. Principal Place of Business 27500 Hickory Blvd Suite, Apt. #, etc.		3. Mailing Address P.O. Box 2301 Suite, Apt. #, etc.	
City & State Bonita Springs, FL Zip 34134 Country USA		City & State Bonita Springs, FL Zip 34133-2301 Country USA	
4. FEI Number APPLIED FOR		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREWS, REBECCA D 3651 BONITA BAY BLVD BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 27500 Hickory Blvd City Bonita Springs FL Zip Code 34134	
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 <u><i>Rebecca D Andrews</i></u> DATE <u>4/13/05</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)			
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 ANDREWS, REBECCA D PO BOX 220 2301 NAPLES, FL 34102-1224 Bonita Springs, FL 34133 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: <u><i>Rebecca D Andrews</i></u>		Date <u>4/13/05</u> Daytime Phone # <u>239-398-6900</u>	



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501-0023

ATTACHMENT 30006260 / 403 000028339^x

DATE OF THIS NOTICE: 09-22-2003
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 14-1894935
FORM: SS-4 NOBOD 0000002958

FOR ASSISTANCE CALL US AT:
1-800-829-0115

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

RDA CHEECA L L C
ANDREWS REBECCA SOLE MEMBER
PO BOX 2124
NAPLES FL 34106

Old address

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

Thank you for your Form SS-4, Application for Employer Identification Number (EIN). We assigned you EIN 14-1894935. This EIN will identify your business account, tax returns, and documents even if you have no employees. Please keep this notice in your permanent records.

Use your complete name and EIN shown above on all federal tax forms, payments and related correspondence. If you use any variation of your name or EIN, it may cause a delay in processing and may result in incorrect information in your account. It also could cause you to be assigned more than one EIN.

If you want to apply to receive a ruling or a determination letter recognizing your organization as tax exempt, and have not already done so, you should file Form 1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District Office. Publication 557, Tax Exempt Status for Your Organization, is available at most IRS offices and has details on how you can apply.