


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 23 AM 8:23

DOCUMENT # L03000030951 1. Entity Name RTM COMPANY, LLC					
Principal Place of Business 4602 HWY 273 GRACEVILLE, FL 32440 US			Mailing Address PO BOX 223 GRACEVILLE, FL 32440		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number NOT APPLICABLE	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FARRIS, HARRY 4602 HWY 273 GRACEVILLE, FL 32440				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Amended AR is \$50.00			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRIS, JODY E		NAME	Conklin, Anthony J.	
STREET ADDRESS	4602 HWY 273		STREET ADDRESS	4457 Fairfax Rd	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP	Marianna FL 32446	
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	FARRIS, HARRY		NAME	Fosnaugh, Kenneth C	
STREET ADDRESS	4602 HWY 273		STREET ADDRESS	7559 Bu Fair Lane	
CITY-ST-ZIP	GRACEVILLE, FL 32440		CITY-ST-ZIP	Grand Ridge FL 32442	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	Hobbs, Susan D.	
STREET ADDRESS			STREET ADDRESS	5306 NW Skyline Drive	
CITY-ST-ZIP			CITY-ST-ZIP	Altha FL 32421	
TITLE		<input type="checkbox"/> Delete	TITLE	MGR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	McElroy, John	
STREET ADDRESS			STREET ADDRESS	4602 Hwy 273	
CITY-ST-ZIP			CITY-ST-ZIP	Graceville FL 32440	
TITLE		<input type="checkbox"/> Delete	700130101147 05/23/08--01007--004 **\$0.00		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: <i>Debra W. Jones</i>			5/14/08 850-263-7927		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		