

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 16, 2008 08:00 AM
Secretary of State

DOCUMENT # L03000055072

1. Entity Name
RSJ ENTERPRISES, LLC



Principal Place of Business
**3201 SHAMROCK STREET, #103
TALLAHASSEE, FL 32308 US**

Mailing Address
**4914 HIGHGROVE ROAD
TALLAHASSEE, FL 32309 US**



05112008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0085478

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BECKER, STEVEN R
4914 HIGHGROVE ROAD
TALLAHASSEE, FL 32309**

**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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POUGH, ROBERT F 1571 STONE ROAD 7A TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BECKER, STEVE R 4914 HIGHGROVE ROAD TALLAHASSEE, FL 32309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DATRES, JOE V 2409 SAND PEDRO TALLAHASSEE, FL 32304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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06/04/08-80040-015 538.75

**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

Steven R. Becker

5-9-08

Date

850-567-4631

Daytime Phone #