2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000013998

1. Entity Name
RMT-LD, LLC

ↃUUUↃ672

Principal Place of Business	Mailing Address
6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314	6850 NINETEEN MILE ROAD STERLING HEIGHTS, MI 48314

DO NOT WRITE IN THIS SPACE

01292008 No Chg-LLC   CR2E083 (12/07)

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable

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

6. Name and Address of Current Registered Agent

MANCINI, DAVID A
2601 N.W. 48TH STREET
DEERFIELD BEACH, FL 33073

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 $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MR.
NAME	MANCINI, EDWARD A MANAGER
STREET ADDRESS	6850 NINETEEN MILE ROAD
CITY-ST-ZIP	STERLING.HEIGHTS, MI 48314

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)_   Edward A. Mancini   1/31/08   586 685-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #