

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000018986

Entity Name: RHINE, LLC

**FILED**  
**Apr 13, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6240 STATE RT. 127 NORTH  
ALTO PASS, IL 62905 US

**New Principal Place of Business:**

**Current Mailing Address:**

6240 STATE RT. 127 NORTH  
ALTO PASS, IL 62905 US

**New Mailing Address:**

FEI Number: 20-0790310

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

F&L CORP.  
ONE INDEPENDENT DRIVE  
SUITE 1300  
JACKSONVILLE, FL 32202 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: RHINE, KENDALL L PRES  
Address: 6240 STATE RT. 127 NORTH  
City-St-Zip: ALTO PASS, IL 62905 US

Title: VP  
Name: RHINE, ANTHONY L VP  
Address: 713 BRIANA COURT  
City-St-Zip: GRAPEVINE, TX 76051 US

Title: VP  
Name: RHINE, KENDALL T VP  
Address: 3622 TREYBYRNE CROSSING  
City-St-Zip: DACULA, GA 30019 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: KENDALL L. RHINE

PRES

04/13/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date