

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # L04000026559

1. Entity Name
RHODIUM LLC



Principal Place of Business
**2206 S. CYPRESS BEND DR., #204
POMPAÑO BEACH, FL 32069**

Mailing Address
**2206 S. CYPRESS BEND DR., #204
POMPAÑO BEACH, FL 32069**



01302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
34-1990374

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HUNTER, APRIL
2206 S. CYPRESS BEND DRIVE
204
POMPAÑO BEACH, FL 33069**

**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

2/3/06

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CARBILLANO, MARK A
2206 S. CYPRESS BEND DRIVE # 204
POMPAÑO BEACH, FL 33069**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
HUNTER, APRIL
2206 S. CYPRESS BEND DRIVE # 204
POMPAÑO BEACH, FL 33069**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/3/06