
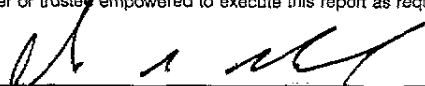


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000028761 1. Entity Name RMA PARAMOUNT, LLC		
Principal Place of Business 2600 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 US	Mailing Address 2600 SOUTH FLORIDA AVENUE LAKELAND, FL 33803 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent FRIDOVICH, ANTHONY S 2600 S FLORIDA AVE LAKELAND, FL 33803		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRIDOVICH, ANTHONY 2600 SOUTH FLORIDA AVENUE LAKELAND, FL 33803	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCALL, MARY JANE 2600 S FLORIDA AVE LAKELAND, FL 33803	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> Anthony S Fridovich		4-25-06 8636803322 <small>Date Daytime Phone #</small>



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0997793

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1100000533507
05/06/06-80126-002 50.00