


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 03, 2005 8:00 am
Secretary of State

08-03-2005 90021 004 ****50.00

DOCUMENT # L04000030532					
1. Entity Name RTBS, LLC					
Principal Place of Business 22444 ARCADIA CT C/O REGINA D SABLO BOCA RATON, FL 33433			Mailing Address 22444 ARCADIA CT C/O REGINA D SABLO BOCA RATON, FL 33433		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 55-0864770	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SABLO, REGINA D 22444 ARCADIA CT BOCA RATON, FL 33433			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABLO, REGINA D 22444 ARCADIA CT BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABLO, TENE' K 22444 ARCADIA CT BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SABLO, ROBERTO A 22444 ARCADIA CT BOCA RATON, FL 33433	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Date <u>7/29/05</u> Daytime Phone # <u>561-350-0514</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

ATTACHMENT

20066064

L04000030532

RTBS, LLC
22444 Arcadia Court
Boca Raton, Fl. 33433
561.702.2265

July 15, 2005

Florida Dept. of State
Division of Corporations
PO Box 6478
Tallahassee, Fl. 32314

RE: RTBS, LLC.

RTBS, LLC respectfully requests a waiver of any Florida Corporate Reinstatement Late Fee. We did not receive any notices for payment of the annual fee for the year 2005.

Obviously, if we did receive a notice we would have paid it since we were recently filed.

Please accept our request and enclosed is a check for \$50 for 2005.
I will send the 2006 check before April 2006.

I thank you and if you have any questions please call me at 561.702.2265.

Regina D. Sablo
Managing Member