

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000038125

1. Entity Name
RDS, LLC



Principal Place of Business
6405 POMPANO STREET
JUPITER, FL 33458

Mailing Address
6405 POMPANO STREET
JUPITER, FL 33458



07062006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1151138

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIVERA, JOSE R
6405 POMPANO STREET
JUPITER, FL 33458

**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 reappointing)

DATE _____

Filing Fee is \$50.00
Due by September 6, 2006

000000569846
07/13/06-80005-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	RIVERA, JOSE R
STREET ADDRESS	6405 POMPANO STREET
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	MGRM
NAME	SAMSON, MARCELLA R
STREET ADDRESS	6405 POMPANO STREET
CITY- ST- ZIP	JUPITER, FL 33458
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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: *Marcella Samson* MARCELLA SAMSON

7-10-06

561-432-2002

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

Date

Daytime Phone #