

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000042573



1. Entry Name
 THE CLOSING AGENT-RTC, LLC

Principal Place of Business
 11 NORTH SUMMERLIN AVE.
 ORLANDO, FL 32801

Mailing Address
 11 NORTH SUMMERLIN AVE.
 ORLANDO, FL 32801



01092006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1362411	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MILLER, BARRY L
 11 NORTH SUMMERLIN AVE.
 ORLANDO, FL 32801

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

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

100000399158
 01/31/06-80028-010 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MILLER, BARRY L
STREET ADDRESS	11 NORTH SUMMERLIN AVE.
CITY-ST-ZIP	ORLANDO, FL 32801

TITLE	
NAME	
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CITY-ST-ZIP	

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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 _____ Oxytime Phone # _____