2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 08, 2005 8:00 am Secretary of State

DOCUI 1. Entity Nam RKL INVE	ne	" # L04000047(ITS, LLC		07-08-2005 9	20089 011	****50).00				
Principal Place of Business 3540 FLORIAN TERRACE PALM HARBOR, FL 34685			Mailing Address 3540 FLORIAN TERRACE PALM HARBOR, FL 34685				« BBIN BIEN BBIN BBIN \$8)	· ##III #!## ## #	••• •• •• ••••••••••••••••••••••••••••	• * = 1	
2. Principal Place of Business			3. Mailing Address	3. Mailing Address							
Suite, Apt.			Suite, Apt. #, etc.			06302005	Chg-LLC	CR2E083	<u>`</u>		
City & State	.e		City & State			4. FEI Numb	er 205307			oplied For ot Applicable	
Zip			Zip	Country			e of Status Desired	LJ Fee	5.00 Add e Required		
	6. Name	e and Address of Current F	Registered Agent		Name	7. Name and	d Address of New Re	agistered Age	ent		
KASEM, KIMBERLY D 3540 FLORIAN TERRACE					Street Address (P.O. Box Number is Not Acceptable)						
PALM HARBOR, FL 34685					<u> </u>						
				ļ	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											
	Signature, typeo	d or printed name of registered agent ar	ed when reinstating)	<u> </u>	DATE						
	ling Fee is by Septen	is \$50.00 mber 7, 2005					Make check payable to Florida Department of State				
9.		MANAGING MEMBER	AS/MANAGERS	S/MANAGERS 10.			ADDITIONS/0	CHANGES			
TITLE NAME	MGR KASEM F			TITLE NAME	· I				Change	Addition	
STREET ADDRESS					EET ADDRESS						
CITY-ST-ZIP	PALM HARBOR, FL 34685			City-							
TITLE	MGR	·		TITLE					Change	☐ Addition	
NAME STREET ADDRESS	KASEM, KIMBERLY D 3540 FLORIAN TERRACE			NAME STREE							
CITY-ST-ZIP	PALM HARBOR, FL 34685				-ST-ZIP						
TITLE			☐ Delete	TITLE	- 1				Change	Addition	
NAME Street address	noress :			NAM! STREE	EET ADORESS		• •			• ~	
CITY-ST-ZIP				-ST-ZIP							
TITLE			Delete	TITLE	·				Change	☐ Addition	
name Street adoress -				NAME STREE	EET ADDRESS						
CITY-ST-ZIP					-ST-ZIP						
TITLE			☐ Delete	TITLE	<u> </u>				Change	Addition	
NAME STREET ADDRESS	775		NAME								
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP						
TITLE			☐ Delete	TITLE	Ě] Change	Addition	
NAME				NAME							
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS CITY-ST-ZIP							
11. I hereby of indicated	l on this repo	ort is true and accurate and t	this filing does not qualify for that my signature shall have	r the exer	mption stated in Se e legal effect as if r	made under oath	h; that I am a managi	further certifying member o	that the in r manage	aformation or of the	
IIMII e u na	.biiity compai	ny or the receiver or trustee	empowered to execute this i	report as	required by Unap	oter 608, Fiorida	Statutes.				

ATTACHMENT

T.S. CHECHELE, P.A

Attorney at Law

T. Samantha Chechele, Esq. 5625 Central Avenue St. Petersburg, FL 33710

Phone (727) 381-6007 Facsimile (727) 381-7909

June 30, 2005

Florida Department of State Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Re: RKL Investments, LLC and Raed S. Kasem, D.D.S., P.A.

Dear Sir or Madam:

I am writing to convey to you the UBR forms for the above-referenced entities for 2005. Payment in the amount of \$50 and \$150, respectively, is enclosed. We respectfully request that you accept this payment as full satisfaction of the 2005 filing fee, as the officer of these two entities did not receive the original notifications for filing.

Thank you for your assistance and consideration in this matter.

Very truly yours,

T. Samantha Chechele

Enclosures