

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 12, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000052378</b>		
1. Entity Name RC GROUP, LLC		
Principal Place of Business 1575 SAN IGNACIO STE. 100 CORAL GABLES, FL 33146		Mailing Address 1575 SAN IGNACIO STE. 100 CORAL GABLES, FL 33146
<b>DO NOT WRITE IN THIS SPACE</b>		
		
		01042007No Chg-LLC CR2E083 (11/05)
4. FEI Number NOT APPLICABLE		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
GOLDMAN, MATT D ESQ MATT D. GOLDMAN, P.A. 2911 GRAND AVENUE STE. 4-B COCONUT GROVE, FL 33133		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES SHEPPARD, RALPH H 1575 SAN IGNACIO #100 CORAL GABLES, FL 33146	
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<b>DO NOT WRITE IN THIS SPACE</b>		
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:  <b>Ralph Shepard</b> 1/9/17 305-661-0410		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		