## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DOCUMENT # L04000068063

1. Entity Name RGB CONSULTING, LLC

Principal Place of Business

Mailing Address

2655 LEJEUNE RD. 201

2655 LEJEUNE RD.

CORAL GABLES, FL 33134

CORAL GABLES, FL 33134

**FILED** Apr 18, 2007 08:00 AM Secretary of State



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04172007 No Chg-LLC

CR2E083 (11/05)

**NOT APPLICABLE** 

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BAKER, RONALD G 2655 LEJEUNE RD. 201

CORAL AGBLES, FL 33134

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	e named entity submits this statement for the purpose of cha	anging its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
tre obliga	tions of registered agent.		
SIGNATURE.	Signature, typed or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
F D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	-	
NAME	BAKER, RONALD G		U00008713942
STREET ADDRESS	2655 LEJEUNE RD #201		04/27/07-80003-017 50.0

CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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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 flability company or the receiver-or-trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE(

CITY-ST-ZIP

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