## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000072658

LEONARD, ALAINNA R

3130 BELLVIEW AVE

PENSACOLA, FL 32526

Name:

Address:

City-St-Zip:

Entity Name: RGL UNLIMITED LLC

FILED Feb 07, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3130 BELLVIEW AVE PENSACOLA, FL 32526 **Current Mailing Address: New Mailing Address:** 3130 BELLVIEW AVE PENSACOLA, FL 32526 FEI Number: 20-1713787 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROCKWELL ACCOUNTING 912 W MICHIGAN AVE PENSACOLA, FL 32505 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete LEONARD, GLENN N Name: Name: 3130 BELLVIEW AVE Address: Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: LEONARD, RHODORA D Name: Address: 3130 BELLVIEW AVE Address: City-St-Zip: PENCACOLA, FL 32526 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition LEONARD, MICHAEL A Name: Name: Address: 3130 BELLVIEW AVE Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition Name: LEONARD, KELVIN F Name: Address: 3130 BELLVIEW AVE Address: City-St-Zip: PENSACOLA, FL 32526 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Address:

City-St-Zip:

SIGNATURE: GLENN N. LEONARD MGRM 02/07/2008