

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076059

Entity Name: RIALTO HOLDINGS, LLC

FILED
Apr 10, 2008
Secretary of State

Current Principal Place of Business:

12244 TREELINE AVE #3
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

12244 TREELINE AVE #3
FORT MYERS, FL 33913 US

New Mailing Address:

12244 TREELINE AVE #3
FORT MYERS, FL 33913

FEI Number: 20-1779018

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DARDAMAN, CHARLES T
12244 TREELINE AVE #3
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

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:

Title: MGRM () Delete
Name: DARDAMAN, CHARLES T
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR () Delete
Name: PIERCE, DARRIN L
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913 US

Title: MGR () Delete
Name: HARDEN, MARK G
Address: 12244 TREELINE AVE #3
City-St-Zip: FORT MYERS, FL 33913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: CHARLES DARDAMAN

MGMR

04/10/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date