

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000083201

1. Entity Name
RPC FINANCIAL ADVISORS, LLC



Principal Place of Business
595 SOUTH FEDERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432

Mailing Address
595 SOUTH FEDERAL HIGHWAY
SUITE 500
BOCA RATON, FL 33432



01052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2417183

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE S.E. THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROCHON, RICHARD
595 SOUTH FEDERAL HWY SUITE 500
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
RUFF, JACK I
595 SOUTH FEDERAL HWY SUITE 500
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FARENHEM, ROBERT C
595 SOUTH FEDERAL HWY SUITE 500
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FERRARI, MARIO B
595 SOUTH FEDERAL HWY SUITE 500
BOCA RATON, FL 33432

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000645660
03/05/07-80016-003 50.00

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IN THIS SPACE**

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:

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

Robert C. Farenhem

Date

Daytime Phone #

561-965-7300