2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000091807

1. Entity Name
RMBB ENTERPRISES OF LAKE COUNTY, LLC

Principal Place of Business	Mailing Address
308 EAST FIFTH AVENUE MOUNT DORA, FL 23757	308 EAST FIFTH AVENUE MOUNT DORA, FL 23757

01072008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2064964
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, BRUCE G
308 EAST FIFTH AVENUE
MOUNT DORA, FL 23757

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DUNCAN, BRUCE G
STREET ADDRESS	308 EAST FIFTH AVENUE
CITY-ST-ZIP	MOUNT DORA, FL 23757
TITLE	MGR
NAME	SICHKO, CHARLES R
STREET ADDRESS	33623 STETSON LANE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	MGR
NAME	SICHKO, MERRI LENIER
STREET ADDRESS	33623 STETSON LANE
CITY-ST-ZIP	LEESBURG, FL 34788
TITLE	MGR
NAME	BATTILLO, WILLIAM
STREET ADDRESS	816 CLAYTON STREET
CITY-ST-ZIP	ORLANDO, FL 32804
TITLE	MGR
NAME	SLEAFORD, MICHAEL
STREET ADDRESS	2218 DOGWOOD CIRCLE
CITY-ST-ZIP	MOUNT DORA, FL 32757
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000780589
01/14/08-80028-007 138.75

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

SIGNATURE: Bruce G. Duncan 1/8/08 352-314-3390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #