

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000010971

FILED
Apr 30, 2008
Secretary of State

Entity Name: RP, LLC

Current Principal Place of Business:

206 SEABREEZE CIRCLE
PANAMA CITY, FL 32413

New Principal Place of Business:

32 E. CO. HWY. 30-A
SUITE E
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

206 SEABREEZE CIRCLE
PANAMA CITY, FL 32413

New Mailing Address:

32 E. CO. HWY. 30-A
SUITE E
SANTA ROSA BEACH, FL 32459

FEI Number: 20-2274560

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHELLE, SEXTON
1394 COUNTY HIGHWAY 30A
11
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

MICHELLE, SEXTON
32 E CO. HWY. 30A
SUITE E
SANTA ROSA BEACH, FL 32459 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: _____

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SEXTON, MICHELLE
Address: 206 SEABREEZE CIRCLE
City-St-Zip: PANAMA CITY, FL 32413

Title: MRG () Delete
Name: GIVANS, CERI
Address: 459 MONTEGO AVENUE N
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES:

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

Title: MRG (X) Change () Addition
Name: GIVANS, CERI
Address: 46 W. GROVE AVE.
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: MICHELLE SEXTON

MGRM

04/30/2008

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