

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013380

Entity Name: R.D.I., LLC

FILED
Apr 15, 2009
Secretary of State

Current Principal Place of Business:

2865 EXECUTIVE DRIVE
C/O J COPPERWHEAT
CLEARWATER, FL 33762

New Principal Place of Business:

Current Mailing Address:

2865 EXECUTIVE DRIVE
C/O J COPPERWHEAT
CLEARWATER, FL 33762

New Mailing Address:

FEI Number: 65-1243074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, MARTIN ERROL ESQ.
333 THIRD AVE. NORTH
SUITE 325
ST. PETERSBURG, FL 33701 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: RISSER, P N III
Address: 2865 EXECUTIVE DRIVE
City-St-Zip: CLEARWATER, FL 33762 US

Title: MGRM () Delete
Name: DANIEL, CATHERINE B
Address: 2865 EXECUTIVE DRIVE
City-St-Zip: CLEARWATER, FL 33762 US

Title: S () Delete
Name: COPPERWHEAT, JACQUELYN M
Address: 2865 EXECUTIVE DRIVE
City-St-Zip: CLEARWATER, FL 33762 US

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: JACQUELYN COPPERWHEAT

S

04/15/2009

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