

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # L05000015578

1. Entity Name
RT PROPERTIES, LLC



Principal Place of Business
2105 STATE RD 44W
INVERNESS, FL 34452

Mailing Address
POB 2698
WINDERMERE, FL 34786



01222008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
73-1728173
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

NELSON, JOHN A
2218 HIGHWAY 44 WEST
INVERNESS, FL

**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

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

1100000803224
02/05/08-201015-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME WEAVER, ROBERT R III
STREET ADDRESS 4309 S. BLUE WATER POINT
CITY-ST-ZIP HOMOSASSA, FL 34448

TITLE MGR
NAME DEGIROLAMI, RICHARD
STREET ADDRESS 7459 S.E. 12TH CIRCLE
CITY-ST-ZIP OCALA, FL 34480

TITLE MGR
NAME ZACHAR, CHUCK
STREET ADDRESS 2100 S. BORDER AVE.
CITY-ST-ZIP INVERNESS, FL 34452

TITLE MGR
NAME HERRON, MICHAEL
STREET ADDRESS 1132 S.E. KINGS BAY DRIVE
CITY-ST-ZIP CRYSTAL RIVER, FL 34429

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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

Date

Daytime Phone #