

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90019 040 ****50.00

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1. Entity Name
RFM, LLC



Principal Place of Business
13041 MCGREGOR BLVD.
FORT MYERS, FL 33919 US

Mailing Address
13041 MCGREGOR BLVD.
FORT MYERS, FL 33919 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2568211

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITAKER, SCOTT C
4604 SW 5TH AVE
CAPE CORAL, FL 33914

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WHITAKER, SCOTT C
STREET ADDRESS 4604 SW 5TH AVE
CITY-ST-ZIP CAPE CORAL, FL 33914

TITLE MGRM ☐ Delete
NAME BEAN, WILLIAM E
STREET ADDRESS 3593 RITA LANE
CITY-ST-ZIP ST. JAMES CITY, FL 33956

TITLE MGRM ☐ Delete
NAME LUTZ, JOSEPH L
STREET ADDRESS 13041 MCGREGOR BLVD
CITY-ST-ZIP FORT MYERS, FL 33919

TITLE MGRM ☐ Delete
NAME KAREH, AHMAD R
STREET ADDRESS 4232 COUNTRY CLUB BLVD
CITY-ST-ZIP CAPE CORAL, FL 33904

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Scott C. Whitaker

4-3-06

239-481-1331

Date

Daytime Phone #