

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

DOCUMENT # L05000029916

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



02052007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

**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 re-nominating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000675014
03/30/07-80002-007 50.00

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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

3-19-07

Date

239-481-1331

Daytime Phone #