

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

08-08-2006 90033 017 ****50.00

DOCUMENT # L05000048841

1. Entity Name
RS1 LLC



Principal Place of Business
13899 BISCAYNE BLVD., SUITE 156
N. MIAMI BEACH FL 33181

Mailing Address
13899 BISCAYNE BLVD., SUITE 156
N. MIAMI BEACH FL 33181

30013030



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2nd MOORE CR2E083 (4/06)

4. FEI Number 41-2206947 ☐ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
FRIEDLAND, STEVEN
2817 N.E. 20TH COURT
FORT LAUDERDALE FL 33305

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 _____ (NOTE: Registered Agent signature required when reappointing) _____ **DATE** _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 8, 2006

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TUCKERMAN, RICK 13899 BISCAYNE BLVD., SUITE 156 N. MIAMI BEACH FL 33181 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FRIEDLAND, STEVEN 2817 N.E. 20TH COURT FORT LAUDERDALE FL 33305 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Kelli S. Hull **8/2/06 786-210-3941**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone *