

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90337 023 ****50.00

DOCUMENT # L05000066570

1. Entity Name

RATH ONE, LLC



Principal Place of Business

5405 CYPRESS CENTER DRIVE
SUITE 320
TAMPA FL 33609
US

Mailing Address

5405 CYPRESS CENTER DRIVE
SUITE 320
TAMPA FL 33609
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-3873355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HANEY, R. REID
101 EAST KENNEDY BOULEVARD
4100
TAMPA FL 33602

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGRM RATH, FRED H 5405 CYPRESS CENTER DR., STE 320 TAMPA FL 33609	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR RATH, JR, FRED 5405 CYPRESS CENTER DR., STE 350 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR BLYNN, TIFFANY J 5405 CYPRESS CENTER DR., STE 350 TAMPA FL 33609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

4/17/07 813-636-8860

Date

Daytime Phone #