

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000066867

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: RSD OF N. FL, LLC

**Current Principal Place of Business:**

140 GATEWAY CIRCLE  
SUITE 3  
JACKSONVILLE, FL 32259 US

**New Principal Place of Business:**

**Current Mailing Address:**

8101 TIMBER POINT DRIVE  
JACKSONVILLE, FL 32244 US

**New Mailing Address:**

FEI Number: 20-3410790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACKL, RUTH C  
8101 TIMBER POINT DR  
JACKSONVILLE, FL 32244 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHURCH, DAVID A  
Address: 4508 E. SENECA DRIVE  
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM ( ) Delete  
Name: JACKL, RUTH C  
Address: 8101 TIMBER POINT DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244 US

Title: MGR ( ) Delete  
Name: MCGEHEE, SCOTT  
Address: 355 SAN JUAN DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RUTH C. JACKL

MS.

01/15/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date