

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 11, 2006 8:00 am
Secretary of State

09-11-2006 90092 042 ****55.00

DOCUMENT # L05000070345

1. Entity Name
RBS CONSTRUCTION, LLC



Principal Place of Business
14655 HUNTCLIFF PKWY
ORLANDO, FL 32824 US

Mailing Address
14655 HUNTCLIFF PKWY
ORLANDO, FL 32824 US

2. Principal Place of Business

4872 Brightman Circle
Suite, Apt. #, etc.

3. Mailing Address

4872 Brightman Circle
Suite, Apt. #, etc.



08162006 Chg-LLC CR2E083 (11/05)

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

20-3163675

Applied For

Not Applicable

Zip

32837

Country

Orange

Zip

32837

Country

Orange

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

6. Name and Address of Current Registered Agent

SCOTT, RONALD
14655 HUNTCLIFF PKWY
ORLANDO, FL 32824

7. Name and Address of New Registered Agent

Name Ronald Scott

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

4872 Brightman Circle

City

Orlando

FL

Zip Code

32837

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]

(NOTE: Registered Agent signature required when reinstating)

9/11/06

DATE

Filing Fee is \$50.00
Due by September 6, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SCOTT, RONALD
STREET ADDRESS 14655 HUNTCLIFF PKWY
CITY-ST-ZIP ORLANDO, FL 32824 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME Scott, Ronald
STREET ADDRESS 4872 Brightman Circle
CITY-ST-ZIP Orlando, FL 32837 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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]

9/11/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #