

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

05-02-2007 90337 029 \*\*\*\*50.00

**DOCUMENT # L05000079493**

1. Entity Name  
**RLH ENTERPRISES, LLC**



Principal Place of Business

**4005 AVENIDA MADERA  
BRADENTON, FL 34210**

Mailing Address

**4005 AVENIDA MADERA  
BRADENTON, FL 34210**

**DO NOT WRITE IN THIS SPACE**



02202007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**56-2561372**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROBBINS, CHARLES E  
4005 AVENIDA MADERA  
BRADENTON, FL 34210**

**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 reinstating)

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGR
NAME	ROBBINS, CHARLES E
STREET ADDRESS	4005 AVENIDA MADERA
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	MGR
NAME	LITTLE, MELTON H
STREET ADDRESS	433 8TH AVENUE WEST
CITY - ST - ZIP	PALMETTO, FL 34222
TITLE	MGR
NAME	HOOVER, JOHN G
STREET ADDRESS	3402 WOOD OWL CIRCLE
CITY - ST - ZIP	BRADENTON, FL 34210
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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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

Date

Daytime Phone #

*Charles E. Robbins* **Charles E. Robbins** 941 753-3941 4/17/07 102