

**2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L05000094990

**FILED**  
**May 13, 2009**  
**Secretary of State****Entity Name:** RM OFFICES GROUP, LLC**Current Principal Place of Business:**18503 PINES BLVD  
SUITE 308  
PEMBROKE PINES, FL 33029 US**New Principal Place of Business:****Current Mailing Address:**18503 PINES BLVD  
SUITE 308  
PEMBROKE PINES, FL 33029 US**New Mailing Address:****FEI Number:** 20-3536613      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MYOS FINANCIAL GROUP, INC  
2853 EXECUTIVE PARK DRIVE  
SUITE 105  
WESTON, FL 33331 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:** REY, RAUL D  
**Address:** 4313 DIAMOND ROW  
**City-St-Zip:** WESTON, FL 33331**Title:** MGRM (X) Delete  
**Name:** SANCHEZ, ADRIANA  
**Address:** 4313 DIAMOND ROW  
**City-St-Zip:** WESTON, FL 33331 US**ADDITIONS/CHANGES:****Title:** MGRM (X) Change ( ) Addition  
**Name:** SANCHEZ, ADRIANA  
**Address:** 4313 DIAMOND ROW  
**City-St-Zip:** WESTON, FL 33331**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: ADRIANA SANCHEZ      MGRM      05/13/2009

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