

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90366 035 ****50.00

DOCUMENT # L05000101042

1. Entity Name
RGT ASSOCIATES, LLC



Principal Place of Business
12 SUNSET BAY, OCEAN REEF CLUB
KEY LARGO, FL 33037

Mailing Address
12 SUNSET BAY, OCEAN REEF CLUB
KEY LARGO, FL 33037

60050300



2. Principal Place of Business - No P.O. Box #
15 W SNAPPER POINT DR

3. Mailing Address
15 W SNAPPER POINT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04152007 Chg-LLC CR2E083 (12/06)

City & State
KEY LARGO FL

City & State
KEY LARGO FL

4. FEI Number
20-3482862

Applied For
Not Applicable

Zip
33037

Country
USA

Zip
33037

Country
USA

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

THOMSON, ROBERT G
12 SUNSET BAY, OCEAN REEF CLUB
KEY LARGO, FL 33037

Name
THOMSON, ROBERT G.
Street Address (P.O. Box Number is Not Acceptable)
15 W SNAPPER POINT DR
City
KEY LARGO FL Zip Code
33037

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]* ROBERT G. THOMSON MGRM 4.15.07
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

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME THOMSON, ROBERT G
STREET ADDRESS 12 SUNSET BAY, OCEAN REEF CLUB
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 15 W SNAPPER POINT DR
CITY-ST-ZIP KEY LARGO, FL 33037

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

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]* ROBERT G. THOMSON MGRM 4.15.07 305-367-3592
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #