

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000104625

Entity Name: RCTD, LLC

FILED
Feb 07, 2009
Secretary of State

Current Principal Place of Business:

210 WEST COWLES STREET
ENGLEWOOD, FL 34223

New Principal Place of Business:

Current Mailing Address:

PO BOX 1323
ENGLEWOOD, FL 34295

New Mailing Address:

FEI Number: 20-3817606

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, DAVID N
210 W COWLES STREET
ENGLEWOOD, FL 34223 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: MGR () Delete
Name: JOHNSON, ROBIN H
Address: 10240 S.W. 133 CT
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: JOHNSON, CARMEN M
Address: 10240 S.W. 133 CT
City-St-Zip: MIAMI, FL 33186

Title: MGR () Delete
Name: BERND-COHEN, TINA
Address: PO BOX 1323
City-St-Zip: ENGLEWOOD, FL 34295

Title: MGR () Delete
Name: SMITH, DAVID
Address: PO BOX 1323
City-St-Zip: ENGLEWOOD, FL 34295

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:

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: DAVID SMITH

MGR

02/07/2009

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