

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000107048

1. Entity Name
RMC ESTATES, LLC



Principal Place of Business
17057 GULF PINE CIRCLE
WELLINGTON, FL 33414

Mailing Address
17057 GULF PINE CIRCLE
WELLINGTON, FL 33414



02262007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3752635

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIMA, RICARDO A
17057 GULF PINE CIRCLE
WELLINGTON, FL 33414

**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)

U00000744074

05/15/07-80133-014 50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
LIMA, RICARDO A
17057 GULF PINE CIRCLE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGR
DEL CARMEN LIMA, MARIA
17057 GULF PINE CIRCLE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 609, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

4/27/07

561-795-2690