

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

Mar 16, 2007 08:00 AM

Secretary of State

"Dept. of State"

DOCUMENT # L05000107634

1. Entity Name
RT, LLC



Principal Place of Business

1613 NW 36TH PLACE
CAPE CORAL, FL 33993 US

Mailing Address

1613 NW 36TH PLACE
CAPE CORAL, FL 33993 US



01182007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-3742324

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

POMPONIO, ANTHONY G
1613 NW 36TH PLACE
CAPE CORAL, FL 33993

**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 MGRM
NAME POMPONIO, ANTHONY G
STREET ADDRESS 1613 NW 36TH PLACE
CITY - ST - ZIP CAPE CORAL, FL 33993

TITLE MGRM
NAME POMPONIO, ROBIN A
STREET ADDRESS 1613 NW 36TH PLACE
CITY - ST - ZIP CAPE CORAL, FL 33993

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U00000669047
03/27/07-80056-004 50.00

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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]*

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

3.13.07 239283 0719

Date

Daytime Phone #