

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # L05000108039**

1. Entity Name  
**TAP - RLC, LLC**



Principal Place of Business  
**137 W. ROYAL PALM ROAD  
BOCA RATON, FL 33432**

Mailing Address  
**137 W. ROYAL PALM ROAD  
BOCA RATON, FL 33432**



01042008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1271376**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RETZSCH, BRUCE  
137 W. ROYAL PALM ROAD  
BOCA RATON, FL 33434**

**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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

000000307874  
05/06/08-80006-002 416.25

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RETZSCH, BRUCE W  
137 W ROYAL PALM ROAD  
BOCA RATON, FL 33432**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
LANAO, LUIS A  
9788 LANCASTER PLACE  
BOCA RATON, FL 33434**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
CAYCEDO, JUAN C  
5560 NE 7TH AVE  
BOCA RATON, FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 its receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes

**SIGNATURE:** \_\_\_\_\_

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

**Bruce W. Retzsch 04.14.08 561.393.**

Date

Daytime Phone #

**6965**