

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000116814

Entity Name: RML COLLECTION, L.L.C.

FILED
Feb 05, 2009
Secretary of State

Current Principal Place of Business:

1145 SAND PINE CIR.
TITUSVILLE, FL 32796

New Principal Place of Business:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 US

Current Mailing Address:

1145 SAND PINE CIR.
TITUSVILLE, FL 32796

New Mailing Address:

1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 US

FEI Number: 30-7526194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEVINE, RICHARD M
1145 SAND PINE CIR.
TITUSVILLE, FL 32796 US

Name and Address of New Registered Agent:

LEVINE, RICHARD M
1145 SAND PINE CIRCLE
TITUSVILLE, FL 32796 US

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:

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LEVINE, RICHARD M
Address: 1145 SAND PINE CIR.
City-St-Zip: TITUSVILLE, FL 32796

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LEVINE, RICHARD M
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796 US

Title: MGR () Change (X) Addition
Name: LEVINE, LYNN B
Address: 1145 SAND PINE CIRCLE
City-St-Zip: TITUSVILLE, FL 32796 US

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: RICHARD M LEVINE

MGR

02/05/2009

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