


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-19-2007 90031 033 \*\*\*\*50.00  
L06000001990

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> L06000001990	
1. Entity Name RTM HOLDINGS, LLC	

Principal Place of Business 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779	Mailing Address 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent
TERENZIO, ROBERT T 127 WEST CHURCH AVE. LONGWOOD, FL 32750		Name Street Address (P.O. Box Number is Not Acceptable) City
		FL Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when renewing)

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

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TOMASO, RITA 629 SWEETWATER COVE BLVD. SOUTH LONGWOOD, FL 32779 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:** Rita M. Tomaso 4/12/07 407-788-2015  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #