


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90005 022 \*\*\*543.75


<b>DOCUMENT # L06000006594</b>	
1. Entity Name <b>RPH ALVA, LLC</b>	

Principal Place of Business <b>5659 STRAND COURT SUITE 101 NAPLES FL 34110 US</b>	Mailing Address <b>5659 STRAND COURT SUITE 101 NAPLES FL 34110 US</b>
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2. Principal Place of Business - No P.O. Box # <b>2390 TAMiami TRAIL N.</b>	3. Mailing Address <b>2390 TAMiami TR. N.</b>
Suite, Apt. #, etc. <b>SUITE 206</b>	Suite, Apt. #, etc. <b>SUITE 206</b>

City & State <b>NAPLES FL</b>	City & State <b>NAPLES FL</b>
Zip <b>34103</b>	Zip <b>34103</b>
Country <b>USA</b>	Country <b>USA</b>

**00003338**



2nd MOORE CR2E083 (4/08)

4. FEI Number <b>20-4145419</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>SALVATORI &amp; WOOD, P.L. 4001 TAMiami TRAIL NORTH SUITE 330 NAPLES FL 34103</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$538.75**  
**Make Check Payable to Florida Department of State**  
**Due By September 3, 2008**

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the limited liability company certifies it did not receive prior notice. Fee to file is \$138.75 ☐

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARDY, ROBERT P 5659 STRAND COURT, SUITE 101 NAPLES FL 34110</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Janet P. Kelly, Agent Representative 8/3/08 (239) 434-9895  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #