

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L06000020899

1. Entity Name
RMA OF FORT PIERCE, LLC



Principal Place of Business
7085 OKEECHOBEE ROAD
FORT PIERCE, FL 34945

Mailing Address
206 SW PARISH TER
PORT ST. LUCIE, FL 34984



01102008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

43-2098791

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

ALLEN PROPERTIES, LLC
206 SW PARISH TER
PORT ST. LUCIE, FL 34984

**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

U00000781911
01/15/08-80052-022 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	PRES
NAME	ALLEN, MICHAEL A
STREET ADDRESS	206 SW PARISH TER
CITY - ST - ZIP	PORT ST. LUCIE, FL 34984

TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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CITY - ST - ZIP	

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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 *Michael A Allen*

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

Date

Daytime Phone #

1/14/08 772-336-8631