# 2008 LIMITED LIABILITY COMPANY
## ANNUAL REPORT

**DOCUMENT # L06000021791**

1. Entity Name
**RBS II LLC**

Principal Place of Business

1915 TRADE CENTER WAY
NAPLES, FL  34109

Mailing Address

1915 TRADE CENTER WAY
NAPLES, FL  34109

## DO NOT WRITE IN THIS SPACE

02112008 No Chg-LLC          CR2E083 (12/07)

| 4. FEI Number | Applied For |
| --- | --- |
| 20-4402430 | Not Applicable |

5. Certificate of Status Desired  ☐  **$5.00** Additional Fee Required

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

CLASP, INC..
3001 TAMIAMI TRAIL NORTH
SUITE 400
NAPLES, FL  34103

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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**

| 9. | MANAGING MEMBERS/MANAGERS |
| --- | --- |
| TITLE | MGR |
| NAME | RIESS, ROBERT |
| STREET ADDRESS | 1915 TRADE CENTER WAY |
| CITY-ST-ZIP | NAPLES, FL  34109 |
| TITLE | |
| NAME | |
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U000000848259
03/20/08-80010-007 138.75

## 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 the 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          Date          Daytime Phone #