## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## **Secretary of State DOCUMENT # L06000060980** 03-08-2007 90190 009 \*\*\*\*50.00 1. Entity Name RCNA, LLC Principal Place of Business Mailing Address 69 HAMMOCK BEACH CIRCLE NORTH 23 SANDS LANE PALM COAST, FL 32137 PORT JEFFERSON, NY 11777 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02272007 CR2E083 (12/06) Chg-LLC City & State FEI Numbe City & State Applied For 11-3805957 Not Applicable Zip Country Zio Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHISM, LORIE L ESQ Street Address (P.O. Box Number is Not Acceptable) 1548 LANCASTER TERRACE JACKSONVILLE, FL 32204 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 PRESIDENT, MERM AMBREA M. COVELL MILE TITLE ☐ Change NAME NAME 69 HAMMOCK BEACH CIRCLE . N. STREET ADDRESS STREET ADDRESS PALM COAST, FL. CATY-ST-ZIP 30137 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-73P CITY\_CT\_7/P MILE TITLE □ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CTTY - ST - ZIP Detete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 klability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE

FILED

Mar 08, 2007 8:00 am