

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092653

Entity Name: RCM SOLUTIONS, LLC

FILED  
May 09, 2009  
Secretary of State

## Current Principal Place of Business:

13799 PARK BLVD N #135  
SEMINOLE, FL 33776

## New Principal Place of Business:

13799 PARK BLVD N #288  
SEMINOLE, FL 33776

## Current Mailing Address:

13799 PARK BLVD N #135  
SEMINOLE, FL 33776

## New Mailing Address:

13799 PARK BLVD N #288  
SEMINOLE, FL 33776

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

MEEKER, ROBERT C  
13799 PARK BLVD N #135  
SEMINOLE, FL 33776 US

## Name and Address of New Registered Agent:

MEEKER, ROBERT C  
13799 PARK BLVD N #288  
SEMINOLE, FL 33776 US

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.

SIGNATURE: ROBERT C MEEKER

05/09/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MEEKER, ROBERT C  
Address: 13799 PARK BLVD N #135  
City-St-Zip: SEMINOLE, FL 33776

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MEEKER, ROBERT C  
Address: 13799 PARK BLVD N #288  
City-St-Zip: SEMINOLE, FL 33776

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ROBERT C MEEKER

MGRM

05/09/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date