# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 05, 2007**
**Secretary of State**

DOCUMENT# L06000099611

**Entity Name:** RD & SM 2 LLC

**Current Principal Place of Business:**

155 E NEW ENGLAND AVE
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

155 E NEW ENGLAND AVE
WINTER PARK, FL 32789

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **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:**

PATEL, DILIP
2404 ALAQUA DRIVE
LONGWOOD, FL 32779 US

**Name and Address of New Registered Agent:**

PATEL, DILIP
155 E NEW ENGLAND AVE
WINTER PARK, FL 32789 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: DILIP PATEL 05/05/2007
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: PATEL, DILIP
Address: 155 E NEW ENGLAND AVE
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete
Name: AMIN, SMITA
Address: 155 E NEW ENGLAND AVE
City-St-Zip: WINTER PARK, FL 32789

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DILIP PATEL MGRM 05/05/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date