2008 LIMITED LIABILITY COMPANY

SIGNATURE: ¥

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

Aug 15, 2008 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L06000109063** 08-15-2008 90025 005 ***538.75 1. Entity Name RLW SANCTUARY, L.L.C. Mailing Address Principal Place of Business 26 South Compass Drive FORT LAUDERDALE, FE 33308 26 South Compass Drive 08042008 No Chg-LLC - CR2E083 (12/07) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For **NOT APPLICABLE** Not Applicable \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent LEONARD, C. GLENN DO NOT WRITE 1995 EAST OAKLAND PARK BLVD., STE. 105 FT. LAUDERDALE, FL 33306 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. 8/12/08 (NOTE: Registered Agent signature required when reinstating FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE I WALTERS, PIGHARDILL NAME 26 South Compass Drive STREET ADDRESS FORT LAUDERDALE, FL 33308 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITI F NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the niformation 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.

FILED

Daytime Phone #

ATTACHMENT 50009524



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS P.O. Box 8700 Tallahassee, Florida 32314 First-Class Mail U.S. Postage PAID State of Florida 84321

NOTICE OF INTENT TO DISSOLVE

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OPTION 3-1		• .	2.
• Detach	-,	·	
• Affix postag	ess to mail report to, if <u>diffe</u> ge on reverse side and mail	<u>erent</u> from preprinted address. !	
Document #	L06000109063	:	
RLW SANCTUARY, L.L.C. 2 BAY COLONY DRIVE FORT LAUDERDALE FL 33308-2002			
		Note: This is not a chang to the address of record	



2008 CR2E095 - 2nd 3/08

ATTACHMENT 50009124 4 IMPORTANT INSTRUCTIONS

- Make check payable to Florida Department of State.
 Check must be payable in United States Funds and through a United States Bank.
- Submit report with a separate check for each filing.
- * The fee to file the Limited Liability Company annual report is \$538.75. If a certificate of status is desired, please add an additional \$5.00. Only one certificate may be requested.
- Certificates will be mailed to the entity's mailing address only.
- Sign report in block 11.

THIS WAS MALLER TO THE WRONG ADDRESS. PLEASE CONSUDER WALVING THE PERACTY AS I JUST RECEIVED IT.

DRO WHO

Mail completed report to:

Division of Corporations P.O. Box 6198 Tallahassee, FL 32314 Courier Address: (overnight delivery)
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Questions?

Phone: (850) 245-6051 Hearing/Voice Impaired may call (850) 245-6096 (TDD)

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will dissolve/revoke the entity if a replacement payment with service charge and report are not resubmitted within the prescribed time frame.