

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90235 039 ***138.75

DOCUMENT # L06000111717

1. Entity Name
RSI 2000, LLC



Principal Place of Business
10816 LARKMEADE LANE
POTOMAC, MD 20854

Mailing Address
10816 LARKMEADE LANE
POTOMAC, MD 20854

DO NOT WRITE IN THIS SPACE



01082008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-5918709

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SYNKOSKI, STANLEY A
2005 COCONUT DRIVE
FORT PIERCE, FL 34949

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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.

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	MGRM
NAME	SILVERBERG, STEVEN
STREET ADDRESS	10816 LARKMEADE LANE
CITY-ST-ZIP	POTOMAC, MD 20854
TITLE	MGRM
NAME	WHITESTONE, DENNIS JR.
STREET ADDRESS	5630 BROADMOOR TERRACE
CITY-ST-ZIP	IJAMSVILLE, MD 21754
TITLE	MGRM
NAME	SYNKOSKI, STANLEY A
STREET ADDRESS	2005 COCONUT DRIVE
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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

4/3/08

Date

301 536-2784

Daytime Phone #