

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90327 013 ***138.75

DOCUMENT # L07000033733

1. Entity Name
RASC PROPERTIES, LLC



Principal Place of Business
**6015 POINTE WEST BOULEVARD
SUITE 202
BRADENTON, FL 34209**

Mailing Address
**6015 POINTE WEST BOULEVARD
SUITE 202
BRADENTON, FL 34209**

60026605



2. Principal Place of Business - No P.O. Box #
200 3RD ST W

3. Mailing Address
200 3RD ST W

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.
SUITE 200

04032008 Chg-LLC CR2E083 (12/06)

City & State
BRADENTON, FL

City & State
BRADENTON, FL

4. FEI Number
20-8754016

Applied For
Not Applicable

Zip
34205

Country
US

Zip
34205

Country
US

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, GARY ESQUIRE
202 S. ROME AVENUE
SUITE 100
TAMPA, FL 33606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TALLY, TREY
6015 POINTE WEST BOULEVARD, SUITE 202
BRADENTON, FL 34209** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TALLY, WILLIAM J
200 3RD ST W, SUITE 200
BRADENTON, FL 34205** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
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☐ Change ☐ Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/9/08

941.7943118