

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000036355

Entity Name: RMS, LLC

FILED  
Apr 29, 2009  
Secretary of State

**Current Principal Place of Business:**

13475 ATLANTIC BLVD.  
SUITE 15  
JACKSONVILLE, FL 32225

**New Principal Place of Business:**

**Current Mailing Address:**

13475 ATLANTIC BLVD.  
SUITE 15  
JACKSONVILLE, FL 32225

**New Mailing Address:**

FEI Number: 20-8788700

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HILL, DEBRA  
8834 GOODBY'S EXECUTIVE DR.  
STE. A  
JACKSONVILLE, FL 32217 US

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

DOUGLAS, PATRICE J MGR  
13475 ATLANTIC BLVD.  
SUITE 15  
JACKSONVILLE, FL 32225 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: PATRICE DOUGLAS

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VNP INVESTMENTS, LLC  
Address: 13475 ATLANTIC BLVD SUITE 15  
City-St-Zip: JACKSONVILLE, FL 32225

Title: MGR ( ) Delete  
Name: DOUGLAS, ALYX  
Address: 13634 BROMLEY POINT DR.  
City-St-Zip: JACKSONVILLE, FL 32225

**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: PATRICE DOUGLAS

MGR

04/29/2009

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