

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000050143

Entity Name: RH FLORIDA, LLC

FILED  
Mar 13, 2009  
Secretary of State

**Current Principal Place of Business:**

800 S. HARBOR CITY BLVD.  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

95 GARRISONVILLE RD.  
STAFFORD, VA 22554 US

**New Mailing Address:**

FEI Number: 26-0176311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1000 (JGH)  
ORLANDO, FL 32801 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROSNER, RON  
Address: 800 S. HARBOR CITY BLVD.  
City-St-Zip: MELBOURNE, FL 32901

Title: P,S ( ) Delete  
Name: HUBER, CLAYTON  
Address: 10 ROME DOME COURT  
City-St-Zip: STAFFORD, VA 22556

Title: T ( ) Delete  
Name: SOLOMON, JACQUELINE  
Address: 95 GARRISONVILLE RD.  
City-St-Zip: STAFFORD, VA 22554

**ADDITIONS/CHANGES:**

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

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: JACQUELINE SOLOMON

T

03/13/2009

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