
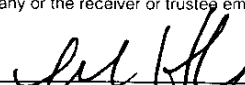


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 23, 2008 8:00 am**  
**Secretary of State**

01-23-2008 90023 042 \*\*\*138.75

<b>DOCUMENT # L07000053062</b>					
<b>1. Entity Name</b> RTS 9235, LLC					
<b>Principal Place of Business</b> 4623 RIVER'S EDGE VILLAGE LANE #6403 PONCE INLET, FL 32127			<b>Mailing Address</b> 4623 RIVER'S EDGE VILLAGE LANE #6403 PONCE INLET, FL 32127		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. Fee Number</b> <div style="font-size: 1.5em; font-weight: bold;">26-0238802</div>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  STAGG, RICHARD T 4623 RIVER'S EDGE VILLAGE LANE #6403 PONCE INLET, FL 32127			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City		
STAGG, RICHARD T 4623 RIVER'S EDGE VILLAGE LANE #6403 PONCE INLET, FL 32127			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR STAGG, RICHARD T 4623 RIVER'S EDGE VILLAGE LANE #6403 PONCE INLET, FL 32127	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SECURITY TRUST COMPANY, INC. 223 N. PROSPECT STREET, SUITE 202 HAGERSTOWN, MD 21740	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> 			1/14/08 301-665-2830		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

**60003283**



01142008 Chg-LLC CR2E083 (12/06)

**4. Fee Number**  
26-0238802

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

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

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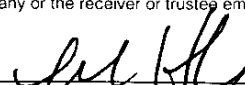
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**SIGNATURE:**  1/14/08 301-665-2830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #