

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000053062

Entity Name: RTS 9235, LLC

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

4623 RIVER'S EDGE VILLAGE LANE #6403
PONCE INLET, FL 32127

New Principal Place of Business:

Current Mailing Address:

4623 RIVER'S EDGE VILLAGE LANE #6403
PONCE INLET, FL 32127

New Mailing Address:

FEI Number: 26-0238802

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STAGG, RICHARD T
4623 RIVER'S EDGE VILLAGE LANE #6403
PONCE INLET, FL 32127 US

Name and Address of New Registered Agent:

RATCLIFF-STAGG, JEANNETTE
4623 RIVER'S EDGE VILLAGE LANE #6403
PONCE INLET, FL 32127 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: JEANNETTE RATCLIFF-STAGG

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: STAGG, RICHARD T
Address: 4623 RIVER'S EDGE VILLAGE LANE #6403
City-St-Zip: PONCE INLET, FL 32127

Title: MGR () Delete
Name: SECURITY TRUST COMPA, NY, INC.
Address: 223 N. PROSPECT STREET, SUITE 202
City-St-Zip: HAGERSTOWN, MD 21740

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RATCLIFF-STAGG, JEANNETTE
Address: 4623 RIVER'S EDGE VILLAGE LANE #6403
City-St-Zip: PONCE INLET, FL 32127

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: MICK HERSH

MNGR

01/16/2009

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