

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 18, 2008 8:00 am**  
**Secretary of State**

02-18-2008 90075 036 \*\*\*138.75

**DOCUMENT # L07000055713**



1. Entity Name  
**RELIABLE FLORIDA REFERRALS, LLC**

Principal Place of Business

**14080 FAIR ISLE DRIVE  
DELRAY BEACH, FL 33446**

Mailing Address

**P.O. BOX 480252  
DELRAY BEACH, FL 33448**

2. Principal Place of Business - No P.O. Box #

**34 BUTTERMILK DR**

Suite, Apt. #, etc.

3. Mailing Address

**34 BUTTERMILK DR**

Suite, Apt. #, etc.



01292008 Chg-LLC CR2E083 (12/06)

City & State

**PALM COAST, FL**

City & State

**PALM COAST, FL**

4. FEI Number

☒ Applied For  
☐ Not Applicable

Zip

**32137**

Country

**FLAGLER**

Zip

**32137**

Country

**FLAGLER**

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MENENDEZ, DAVID  
34 BUTTERMILK DRIVE  
PALM COAST, FL 32137**

7. Name and Address of New Registered Agent

Name

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

**34 BUTTERMILK DRIVE**

City

**PALM COAST**

**FL**

Zip Code

**32137**

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 **MGRM** ☒ Delete  
NAME **CAMUSO, NED**  
STREET ADDRESS **14080 FAIR ISLE DRIVE**  
CITY-ST-ZIP **DELRAY BEACH, FL 33446**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **DAVID MENENDEZ**  
STREET ADDRESS **34 BUTTERMILK DRIVE**  
CITY-ST-ZIP **PALM COAST, FL 32137**

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

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

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

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

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

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 SIGNED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/15/08**

Date

**386 931-0137**

Daytime Phone #