

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011110

FILED
Jun 22, 2009
Secretary of State

Entity Name: THE NEW RIM, L.L.C.

Current Principal Place of Business:

763 VENETIAN ISLES DR. #102
LAKE PARK, FL 33403

New Principal Place of Business:

Current Mailing Address:

763 VENETIAN ISLES DR. #102
LAKE PARK, FL 33403

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

WILLIAMS, EUGENE M
763 VENETIAN ISLES DR. #102
LAKE PARK, FL 33403 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WILLIAMS, EUGENE M
Address: 763 VENETIAN ISLES DR. #102
City-St-Zip: LAKE PARK, FL 33403

Title: MGRM () Delete
Name: CLARK, ABB S
Address: 338 E. ILEX DR
City-St-Zip: LAKE PARK, FL 33403

Title: MGRM () Delete
Name: MAYS, CEDRIC W
Address: 6451 ADRIATIC WAY
City-St-Zip: WEST PALM BEACH, FL 33413

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: EUGENE WILLIAMS

MGR

06/22/2009

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