2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2009
Secretary of State

DOCUMENT# L08000043340

Entity Name: RRMP, LLC

Current Principal Place of Business:

6450 ANDERSON WAY
MELBNOURNE, FL 32940

New Principal Place of Business:

Current Mailing Address:

6450 ANDERSON WAY
MELBNOURNE, FL 32940

New Mailing Address:

FEI Number: 26-2762592 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARRETO, PEDRO E
6450 ANDERSON WAY
MELBOURNE, FL 32940 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:	WORKMAN, DAVID R	
Address:	6450 ANDERSON WAY	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	MGR	( ) Delete
Name:	WORKMAN, DAVID R	
Address:	6450 ANDERSON WAY	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	MGR	( ) Delete
Name:	RIBAK, MITCHELL S	
Address:	1710 RICHARDSON RD	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	MGR	( ) Delete
Name:	BARRETO, PEDRO E	
Address:	275 OCEAN SPRAY AVE	
City-St-Zip:	SATELLITE BEACH, FL 32937	
Title:	MGR	( ) Delete
Name:	WISE, LINDA	
Address:	410 WINDTAMMER WAY	
City-St-Zip:	MERRITT ISLAND, FL 32952	
Title:	MGR	( ) Delete
Name:	HARE, LINDA	
Address:	415 POI COURT	
City-St-Zip:	MERRITT ISLAND, FL 32953	

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:	
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: DAVID R. WORKMAN MGR 04/06/2009

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