

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000056335

Entity Name: RFBA, LLC

FILED
Apr 07, 2009
Secretary of State

Current Principal Place of Business:

3555 STUART COURT
FT. MYERS, FL 33901

New Principal Place of Business:

4801 W NEPTUNE WAY
TAMPA, FL 33609

Current Mailing Address:

3555 STUART COURT
FT. MYERS, FL 33901

New Mailing Address:

4801 W NEPTUNE WAY
TAMPA, FL 33609

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD, BOWEN
3555 STUART COURT
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

ARNOLD, BOWEN A
4801 W NEPTUNE WAY
TAMPA, FL 33609 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: BOWEN ARNOLD

04/07/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ARNOLD, BOWEN
Address: 3555 STUART COURT
City-St-Zip: FT. MYERS, FL 33901

Title: MGR () Delete
Name: FIDLER, RODNEY
Address: 6584 PLANTATION PINES BLVD.
City-St-Zip: FT. MYERS, FL 33966

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ARNOLD, BOWEN A
Address: 4801 W NEPTUNE WAY
City-St-Zip: TAMPA, FL 33609

Title: MGR (X) Change () Addition
Name: FIDLER, JR, RODNEY A
Address: 6584 PLANTATION PINES BLVD.
City-St-Zip: FT. MYERS, FL 33966

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: BOWEN A. ARNOLD

MGR

04/07/2009

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