

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062906

FILED
Apr 10, 2009
Secretary of State

Entity Name: RTKA WORTHINGTON VENTURES, LLC

Current Principal Place of Business:

2696 PARRISH STILL RD
VERNON, FL 32462

New Principal Place of Business:

3205 RIVER RD.
VERNON, FL 32462

Current Mailing Address:

2696 PARRISH STILL RD
VERNON, FL 32462

New Mailing Address:

3205 RIVER RD.
VERNON, FL 32462

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WORTHINGTON, TIFFANY
2696 PARRISH STILL RD
VERNON, FL 32462 US

Name and Address of New Registered Agent:

WORTHINGTON, TIFFANY
3205 RIVER RD.
VERNON, FL 32462 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:

04/10/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WORTHINGTON, REGGIE
Address: 2696 PARRISH STILL RD
City-St-Zip: VERNON, FL 32462

Title: MGRM () Delete
Name: WORTHINGTON, TIFFANY
Address: 2696 PARRISH STILL RD
City-St-Zip: VERNON, FL 32462

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WORTHINGTON, REGGIE
Address: 3205 RIVER RD.
City-St-Zip: VERNON, FL 32462

Title: MGRM (X) Change () Addition
Name: WORTHINGTON, TIFFANY
Address: 3205 RIVER RD.
City-St-Zip: VERNON, FL 32462

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: TIFFANY WORTHINGTON

MNGR

04/10/2009

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