

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000070255

FILED
Feb 03, 2009
Secretary of State

Entity Name: RSBH, LLC

Current Principal Place of Business:

1608 WEST IVANHOE BLVD.
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

1608 WEST IVANHOE BLVD.
ORLANDO, FL 32804

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUGHES, BRADLEY M
1608 WEST IVANHOE BLVD.
ORLANDO, FL 32804 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: MGRM () Delete
Name: HUGHES, RUSSELL V
Address: 2035 COMPANERO AVENUE
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: HUGHES, BRADLEY M
Address: 1608 WEST IVANHOE BLVD.
City-St-Zip: ORLANDO, FL 32804

Title: MGRM () Delete
Name: SPENCER HUGHES, RUSSELL
Address: 5039 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: HUGHES, R. SPENCER
Address: 5039 TILDENS GROVE BLVD.
City-St-Zip: WINDERMERE, FL 34786

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: BRADLEY M. HUGHES

MGRM

02/03/2009

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