

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080749

Entity Name: RMH GROUP LLC

FILED  
Jul 10, 2009  
Secretary of State

**Current Principal Place of Business:**

2584 SOUTH EAST 12TH STREET  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2584 SOUTH EAST 12TH STREET  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 26-3230570      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

HARRIS, SCOTT  
2584 SOUTH EAST 12TH STREET  
POMPANO BEACH, FL 33062      US

**Name and Address of New Registered Agent:**

HARRIS, SCOTT D  
2584 SOUTH EAST 12TH STREET  
POMPANO BEACH, FL 33062      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: SCOTT D. HARRIS

07/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: HARRIS, SCOTT  
Address: 2584 SOUTH EAST 12TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: HARRIS, SCOTT D  
Address: 2584 SOUTH EAST 12TH STREET  
City-St-Zip: POMPANO BEACH, FL 33062

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: SCOTT D. HARRIS

MGR

07/10/2009

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