

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L99000001894

1. Entity Name

RETAIL PROCESS ENGINEERING, LLC



Principal Place of Business

**10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610**

Mailing Address

**10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610**



03032006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3570529

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EPSTEIN, CLIFF
10150 HIGHLAND MANOR DR.
SUITE 330
TAMPA, FL 33610**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
EPSTEIN, CLIFF
18823 AVENUE BIARRITZ
LUTZ, FL 33549

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
VILLA, THOMAS
2509 BUCKHORN RUN DRIVE
VALRICO, FL 33594

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000490256
04/18/06-80049-006 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3-23-06 813 490 7000

Date

Daytime Phone #