

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90046 003 ****50.00

DOCUMENT # L99000008448

1. Entity Name
RVM PROMOTIONS, L.L.C.



Principal Place of Business
550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441

Mailing Address
550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441

24054098



2. Principal Place of Business

6400 N. ANDREWS AVE.

3. Mailing Address

6400 N. ANDREWS AVE

Suite, Apt. #, etc.

SUITE 280

Suite, Apt. #, etc.

SUITE 280

04212004

Chg-LLC

CR2E083 (10/03)

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

4. FEI Number

65-0965596

Applied For

Not Applicable

Zip

33309

Country

USA

Zip

33309

Country

USA

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GELET, PAMELA
550 FAIRWAY DR
#107
DEERFIELD BEACH, FL 33441

Name

Street Address (P.O. Box Number is Not Acceptable)

6400 N. ANDREWS AVE - SUITE 280

SUITE 280

City

FT. LAUDERDALE

FL

Zip Code

33309

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, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME SHEEHAN, KEVIN
STREET ADDRESS 550 FAIRWAY DR #107
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☒ Change ☐ Addition
NAME 6400 N. ANDREWS AVE. - SUITE 280
STREET ADDRESS FT. LAUDERDALE, FL 33309
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME GELET, PAMELA
STREET ADDRESS 550 FAIRWAY DR #107
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☒ Change ☐ Addition
NAME 6400 N. ANDREWS AVE. - SUITE 280
STREET ADDRESS FT. LAUDERDALE, FL 33309
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: PAMELA GELET

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

4/22/04

Date

954-553-4105

Daytime Phone #