

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000009098

1. Entity Name

RETIREMENT COMPANIES OF AMERICA, L.L.C.



Principal Place of Business

6465 N. QUAIL HOLLOW RD.
SUITE 400
MEMPHIS, TN 38120

Mailing Address

6465 N. QUAIL HOLLOW RD.
SUITE 400
MEMPHIS, TN 38120



04202008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

58-2519982

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARK, RONALD L
500 S. FLORIDA AVE. #800
LAKELAND, FL 33801

**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 _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	TRAMMELL, CHARLES S
STREET ADDRESS	6465 N. QUAIL HOLLOW RD. #400
CITY- ST- ZIP	MEMPHIS, TN 38120

TITLE	
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CITY- ST- ZIP	

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UD00000921744
05/15/08-80018-017 138.75

**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

Charles Trammell, Jr. Apr. 21, 2008 (901) 794-2598

Date

Daytime Phone #