## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2008 08:00 AM
Secretary of State

Е	OCUMENT	# M02000002350	

1. Entity Name RLA HOLDINGS, LLC



Principal Place of Business

410 CHAMBERS STREET EUGENE, OR 97402

Mailing Address

410 CHAMBERS STREET EUGENE, OR 97402



01032008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

Name and Address of Current Registered Agent

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

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

	(100, 100) (100, 100)
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.
ΩI.	OUT OF

(NOTE: Registered Agent signature required when reinstating)

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

U00000775449 01/08/08-80030-017 138.75

9.	MANAGING MEMBERS/MANAGERS ,			
NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, RONALD L 410 CHAMBERS STREET EUGENE, OR 97402			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-7IP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS GITY-ST-ZIP	and the second of the second o			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
11. Thereby certify that the information supplied with this filling does not qualify for the eight cated on this report is true and accurate and that my signature shall have the same				

## DO NOT WRITE IN THIS SPACE

11. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MALA & MARCISTA

January 3, 2008

(541) 686-0012

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

Date

Daylime Phone #