

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000002

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: RENTAL CITY, LLC

**Current Principal Place of Business:**

14361 N CLEVELAND AVE  
N FORT MYERS, FL 33903

**New Principal Place of Business:**

**Current Mailing Address:**

14361 N CLEVELAND AVE.  
N FORT MEYERS, FL 33903

**New Mailing Address:**

FEI Number: 43-1983334      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

ZIEGLER, MICHAEL JAMES  
4347 S.W. 25TH AVENUE  
CAPE CORAL, FL 33914      US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ZIEGLER, JAMES L  
Address: 1457 S CHERRYVALE RD  
City-St-Zip: BOULDER, CO 80301

Title: MGRM ( ) Delete  
Name: ZIEGLER, MICHAEL J  
Address: 4347 SW 25TH AVE  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MICHAEL JAMES ZIEGLER

MANA

07/15/2008

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