

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jul 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000004087

1. Entity Name
RFM TECHNICAL CONSULTING, LLC



Principal Place of Business

3581 SW 146TH TER
MIRAMAR, FL 33027

Mailing Address

3581 SW 146TH TER
MIRAMAR, FL 33027



07022006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1651430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MEINERS, LOUIS M JR.
200 AVIATION DRIVE, SUITE 2
NAPLES, FL 34104

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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 September 6, 2006**

B. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	MDM, LLC
STREET ADDRESS	3581 SW 146TH TER
CITY-ST-ZIP	MIRAMAR, FL 33027
TITLE	MGRM
NAME	MORELAND, ROBERT F
STREET ADDRESS	3581 SW 146TH TERR
CITY-ST-ZIP	HOLLYWOOD, FL 33027
TITLE	MGRM
NAME	MORELAND, MARIA
STREET ADDRESS	2531 SW 146TH TERR
CITY-ST-ZIP	HOLLYWOOD, FL 33027

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000568146
07/06/06-80010-022 50.00

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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

Date

Daytime Phone #

7/1/06 (954) 471-6218