

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004421

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** RRFS LLC

**Current Principal Place of Business:**

7251 AMIGO STREET  
SUITE 100  
LAS VEGAS, NV 89119

**New Principal Place of Business:**

**Current Mailing Address:**

7251 AMIGO STREET  
SUITE 100  
LAS VEGAS, NV 89119

**New Mailing Address:**

**FEI Number:** 45-3275843

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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  
**Name:** WALLACE, KEVIN P  
**Address:** 630 TRADE CENTER DRIVE, SUITE 100  
**City-St-Zip:** LAS VEGAS, NV 89119

**Title:** S/T  
**Name:** MILLINGTON, JADE  
**Address:** 7251 AMIGO STREET, SUITE 100  
**City-St-Zip:** LAS VEGAS, NV 89119

**Title:** P  
**Name:** PARKER, STEVEN  
**Address:** 7251 AMIGO STREET, SUITE 100  
**City-St-Zip:** LAS VEGAS, NV 89119

**Title:** VP  
**Name:** SIBLEY, KIMBERLEE  
**Address:** 7251 AMIGO STREET, SUITE 100  
**City-St-Zip:** LAS VEGAS, NV 89119

**Title:** VP  
**Name:** JUST, JOEL  
**Address:** 7251 AMIGO STREET, SUITE 100  
**City-St-Zip:** LAS VEGAS, NV 89119

I hereby 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:** KEVIN P. WALLACE

MGR

04/23/2012

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