

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000114873

**Entity Name:** RL CDO, LLC

**Current Principal Place of Business:**

4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021

**Current Mailing Address:**

4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021 US

**FEI Number:** 35-2407730

**Certificate of Status Desired:** No

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

LECHTER, ROBERT S  
4651 SHERIDAN STREET  
SUITE 335  
HOLLYWOOD, FL 33021 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name LECHTER, ROBERT S  
Address 4651 SHERIDAN STREET, SUITE 335  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name REINES MEKLER, LILIANA  
Address 4651 SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33021

Title MGR  
Name REINES MEKLER, ESTER YAEL  
Address 4651 SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33021

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT LECHTER

**MANAGER**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date