2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR 27 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000104I AF

DOCUMENT # L99000003188

1. Entity Name
RENA INVESTMENTS, LLC

Principal Place of Business	Mailing Address
% INDEPENDENT WHOLESALE, INC. 2729 HANSROB ROAD ORLANDO FL 32804-3312	% INDEPENDENT WHOLESALE, INC. 2729 HANSROB ROAD ORLANDO FL 32804-3322

2. Principal Place of Business		3. Mailing Address	
Tammi Rena Watson		Tammi Rena Watson	
Suite, Apt. #, etc.: 5119 Twine Street		Suite, Apt. #, etc.: 5119 Twine Street	
City & State: Orlando FL 32821		City & State: Orlando FL	
Zip: 32821	Country: U.S	Zip: 32821	Country: U.S.

DO NOT WRITE IN THIS SPACE

MDM

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

WATSON, TAMMI RENA
5119 TWINE STREET
ORLANDO FL 32821

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WATSON, TAMMI RENA	NAME	
STREET ADDRESS	5119 TWINE STREET	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32821	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition 800003249523--7 -05/11/00--01125--014 *****50.00 *****50.00
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (9/99)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 04-21-00 407-370-7123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #