2003 LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Jan 27, 2003 8:00 am **Secretary of State** DOCUMENT # L9900007167 1. Entity Name 01-27-2003 90078 015 ****55.00 RT-NOKOMIS, LLC Principal Place of Business Mailing Address 156 SAND DOLLAR LANE 156 SAND DOLLAR LANE 20018135 SARASOTA FL 34242 SARASOTA FL 34242 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0957130 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SILBERSTEIN, DAVID M 720 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 City 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. 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR ☐ Addition TITLE ☐ Delete Change TITLE NAME TAPLINGER, ROBERT NAME 156 SAND DOLLAR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34242 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE Delete TITLE -☐ Change NAME NAME ~ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

 I hereby certify that the information supplied with the indicated on this report is true and accurate and prolimited liability company or the receiver or truste

perhot qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information after shall have the same legal effect as if made under oath; that I am a managing member or manager of the execute this report as required by Chapter 608, Florida Statutes.

FILED