2000 UNIFORM BUSINESS REPORT (UBR)

0007420 AF

DOCUMENT # M98000001528

FILED
00 APR 10 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
RUNNING W CITRUS MANAGEMENT, L.L.C.

Principal Place of Business	Mailing Address
8050 SOUTH US 27 SOUTH BAY FL 33493	P.O. BOX 1210 BELLE GLADE FL 33430-6210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4210 Metro Parkway	4210 Metro Parkway
Suite, Apt. #, etc.: Suite 250	Suite, Apt. #, etc.: Suite 250
City & State: Fort Myers FL	City & State: Fort Myers FL
Zip: 33916-9409 Country: USA	Zip: 33916-9409 Country: USA

4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 N/A
Signature, type 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RYAN, STEVE 8050 SOUTH US 27 SOUTH BAY FL 33493	☐ Delete	MGR RYAN, STEPHEN W. 4210 Metro Parkway, Suite 250 Fort Myers FL 33916-9409	☒ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	400003219674--9 -04/24/00--01028--002 *****50.00 *****50.00	☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete	dcc	☐ Change ☐ Addition

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 REQUIRED 4/7/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR2E083 (9/99)