

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

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90008 009 ****55.00

DOCUMENT # **L 9900000 9346**

1. Entity Name

RPK Housing, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

599 West Putnam Ave

3. Mailing Address

319 Clematis St

Suite, Apt. #, etc.

3

Suite, Apt. #, etc.

901

City & State

Greenwich CT

City & State

West Palm Beach FL

Zip

06830

Country

USA

Zip

33401

Country

USA

4. FEI Number

061566580

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Berman, Wolfe, Rennert et al

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

100 S.E. 2nd Street

3500

City

Miami

FL

Zip Code

33131

**DO NOT WRITE
IN THIS SPACE**

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
The Richman Group of Florida, Inc.
319 Clematis St. # 901
West Palm Beach FL 33401**

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #