

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90190 007 ****50.00

DOCUMENT # **L96000000023**

1. Entity Name

River Road Transportation, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1229 E Strawbridge Ave

Suite, Apt. #, etc.

3. Mailing Address

504 4th Ave

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Melbourne FL

Zip

32901

Country

USA

City & State

Melbourne Beach FL

Zip

32951

Country

USA

4. FEI Number

59-3391966

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Jones, Richard O

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

1250 W Eau Gallie Blvd Ste J

City

Melbourne

FL

Zip Code
32935

**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
**MEM
Vitale-Lewis, Victoria A
504 4th Ave
Melbourne Beach, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MEM
Lewis, Robert
504 4th Ave
Melbourne Beach, FL 32951**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
Riviera Consulting Inc.
1229 E Strawbridge Ave
Melbourne FL 32901**

TITLE
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #

4/24/02 984-0730

CR2E083B (12/01)