

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2002 8:00 am
Secretary of State

09-12-2002 90089 048 ****50.00

DOCUMENT # L01000021987

1. Entity Name

RAYNE OF MARTIN, L.L.C.

Principal Place of Business

**987 SE MONTEREY RAOD
 STUART FL 34994**

Mailing Address

**987 SE MONTEREY RAOD
 STUART FL 34994**

2. Principal Place of Business

3. Mailing Address

One NE Lagoon Island Ct

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

STUART FL

4. FEI Number

80-0005244

Applied For

Not Applicable

Zip

Country

34994

Country

MARTIN

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES

**853 SE MONTEREY COMMONS BOULEVARD
 STUART FL**

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. 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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 STEVENSON, RAY III
 1 NE LAGOON ISLAND COURT
 STUART FL 34996** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGR
 DIAMOND, WAYNE R
 987 SE MONTEREY ROAD
 STUART FL 34994** ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ 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
ELLYN STEVENSON

Date

Daytime Phone #

772 -

287-9995

CR2E083 (4/02)