

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-15-2003 90030 013 ****50.00

DOCUMENT # L02000016511

1. Entity Name

RETAIL ACQUISITION GROUP, L.L.C.



Principal Place of Business

Mailing Address

~~65 E NASA BLVD., STE. 202~~
~~MELBOURNE FL 32904~~

~~65 E NASA BLVD., STE. 202~~
~~MELBOURNE FL 32904~~

2. Principal Place of Business

3. Mailing Address

7332 OFFICE PARK PLACE

7332 OFFICE PARK PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE. 101

STE. 101

City & State

City & State

MELBOURNE, FL

MELBOURNE, FL

Zip
32940

Country
USA

Zip
32940

Country
USA

4. FEI Number

72-1530841

Applied For

Not Applicable

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

WILKINSON, MYLES H

65 E NASA BLVD., STE. 202

MELBOURNE FL 32904

7332 OFFICE PARK PLACE
STE. 101
MELBOURNE, FL 32940

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, or authorized representative (Signature of Registered Agent signature required when reinstating)

1/8/03
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President/Manager
Myles H. Wilkinson
7332 Office Park Place, #101
Melbourne, FL 32940

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

Signature and typed or printed name of signing managing member, manager, or authorized representative

1/8/03
Date

321/951-1500
Daytime Phone #

CR2ED083 (10/02)