

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 02, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90760 009 \*\*\*\*50.00

**DOCUMENT # M02000002350**

1. Entity Name

**RLA HOLDINGS, LLC**



Principal Place of Business

**410 CHAMBERS STREET  
EUGENE OR 97402**

Mailing Address

**410 CHAMBERS STREET  
EUGENE OR 97402**

**44003189**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

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

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

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 use if applicable.

(NOTE: Registered Agent signature required when reinstating)

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  
**MGRM  
ANDERSON, RONALD L  
410 CHAMBERS STREET  
EUGENE OR 97402** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ 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

*Ronald L. Anderson*  
**RONALD L. ANDERSON**

04/21/2003

541-686-0012

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

Date

Daytime Phone #

CR2E083 (10/02)

Attachment #

44003189

RLA Holdings, LLC  
410 Chambers St.  
Eugene, OR 97402

Tuesday, May 27, 2003

Division of Corporations  
P.O. Box 6478  
Tallahassee, FL 32314

Re: Your letter of May 2, 2003, reference number M02000002350

Dear Sir or Madam:

Your letter instructs us to complete Block 4 by entering the FEI number or checking the appropriate box. Please note that the appropriate box ("Not Applicable") was checked on the original application (copy attached). RLA Holdings, LLC is a single member Limited Liability Company, and operates under the social security number of the member.

On May 27, I spoke to Tammy at the Divisions of Corporations, who told me that the form should not have been returned, and that I should re-submit a copy. Please find a copy attached. Block 4 is complete with "Not Applicable" marked.

Thank you for your attention.

*Tim Hooker*

Tim Hooker -