## 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000114857

Entity Name: RBY, LLC

# Current Principal Place of Business:

7900 GLADES ROAD SUITE 402 BOCA RATON, FL 33434

#### **Current Mailing Address:**

14785 PRESTON RD SUITE 975 DALLAS, TX 75254 US

## FEI Number: NOT APPLICABLE

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US FILED May 03, 2024 Secretary of State 2327052729CC

Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MEMBER	Title	AUTHORIZED PERSON
Name	SAFE HARBOR MARINAS, LLC	Name	CLARK, PETER
Address	14785 PRESTON RD., STE 975	Address	14785 PRESTON RD., STE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	AUTHORIZED PERSON	Title	AUTHORIZED PERSON
Name	RAY, JOHN	Name	SARGENT, TIM
Address	14785 PRESTON RD., STE 975	Address	14785 PRESTON RD., STE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	AUTHORIZED PERSON	Title	AUTHORIZED PERSON
Name	THOMPSON, MEAGAN	Name	CAPILLI, JOE
Address	14785 PRESTON RD., STE 975	Address	14785 PRESTON RD., STE 975
City-State-Zip:	DALLAS TX 75254	City-State-Zip:	DALLAS TX 75254
Title	AUTHORIZED PERSON		
Name	AHMED, HUMZA		
Address	14785 PRESTON RD., STE 975		

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN RAY

City-State-Zip: DALLAS TX 75254

AUTHORIZED PERSON 05/03/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date