

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000085083

Entity Name: RUDG-THE COMMONS, LLC

Current Principal Place of Business:

1000 NW 1ST AVE.
SUITE 100
MIAMI, FL 33136

FILED
Mar 02, 2023
Secretary of State
0791051338CC

Current Mailing Address:

1000 NW 1ST AVE.
SUITE 100
MIAMI, FL 33136 US

FEI Number: 45-2818857

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

URGENT INC
1000 NW 1ST AVE
SUITE 100
MIAMI, FL 33136 US

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: SALIHA NELSON

03/02/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name URGENT, INC.
Address 1000 NW 1ST AVE.
SUITE 100
City-State-Zip: MIAMI FL 33136

Title PRESIDENT
Name CRESPO, HENRY SR.
Address 1951 NW 7TH AVE
City-State-Zip: MIAMI FL 33136

Title CEO
Name NELSON, SALIHA
Address 1900 N BAYSHORE DR #1602
City-State-Zip: MIAMI FL 33132

Title TREASURER
Name LAPCIUC, MARCOS
Address 445 NORTH MERIDIAN AVE
City-State-Zip: MIAMI BEACH FL 33140

Title DIRECTOR
Name HERNANDEZ, CARIDAD
Address 1366 KENYON ST. NW
#2
City-State-Zip: WASHINGTON DC DC 20010

Title DIRECTOR
Name DUARTE, EDGAR M
Address 9200 SW 125 TERRACE
City-State-Zip: MIAMI FL 33176

Title CHAIRMAN
Name HORTON, DENNIS
Address 22330 SW 117 COURT
City-State-Zip: MIAMI FL 33070

Title SECRETARY
Name WILLIAMS, PATRICK
Address P.O. BOX 472634
City-State-Zip: MIAMI FL 33247

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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: /SALIHA NELSON

CEO

03/02/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title DIRECTOR
Name VON, JOHNSON
Address 6026 MOURNING DOVE DR.
City-State-Zip: BATON ROUGE LA 70817