

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**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	CEO
Name	NELSON, SALIHA
Address	1900 N BAYSHORE DR #1602
City-State-Zip:	MIAMI FL 33132
Title	DIRECTOR
Name	HERNANDEZ, CARIDAD
Address	1366 KENYON ST. NW #2
City-State-Zip:	WASHINGTON DC DC 20010
Title	CHAIRMAN
Name	HORTON, DENNIS
Address	22330 SW 117 COURT
City-State-Zip:	MIAMI FL 33070

Title	PRESIDENT
Name	CRESPO, HENRY SR.
Address	1951 NW 7TH AVE
City-State-Zip:	MIAMI FL 33136
Title	TREASURER
Name	LAPCIUC, MARCOS
Address	445 NORTH MERIDIAN AVE
City-State-Zip:	MIAMI BEACH FL 33140
Title	DIRECTOR
Name	DUARTE, EDGAR M
Address	9200 SW 125 TERRACE
City-State-Zip:	MIAMI FL 33176
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