

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 11, 2002 8:00 am
Secretary of State

07-11-2002 90247 033 ****50.00

0000000000

1. Entity Name

L00000002131

Pine Fidelity Trust, LLC

DO NOT WRITE IN THIS SPACE

DEPARTMENT OF STATE
DEPOSIT ONLY
000068796

970067

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2328 10th Ave. No.

3. Mailing Address

2328 10th Ave. No.

Suite, Apt. #, etc.

Suite 403

Suite, Apt. #, etc.

Suite 403

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0990432

Applied For

Not Applicable

Zip

Country

33461-6606

U.S.A.

Zip

33461-6606

Country

U.S.A.

5. Certificate of Status Desired ☐ \$5.00

0000000000

7. Name and Address of Current Registered Agent

Name - Rukin, Roger

Street Address (P.O. Box Number is Not Acceptable)

2328 10th Ave. No., Suite 403

City LAKE WORTH

FL

Zip Code 33461-6606

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER MEMBER
JAMES B. RUKIN REVOCABLE TRUST
2328 10th AVE. NO. SUITE 403
LAKE WORTH, FL 33461-6606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER MEMBER
JULIA R. RUKIN REVOCABLE TRUST
2328 10th AVE. NO. SUITE 403
LAKE WORTH, FL 33461-6606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
ROGER B. RUKIN
2328 10th AVE. NO. SUITE 403
LAKE WORTH, FL 33461-6606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

6/26/02 561586-0100

Date

Daytime Phone #

CR2E083B (12/01)