

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

FILED
Jul 24, 2002 8:00 am
Secretary of State

07-24-2002 90138 001 ****50.00

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1. Entity Name

Cedar Fidelity Trust, LLC

DO NOT WRITE IN THIS SPACE

970987

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

DO NOT WRITE IN THIS SPACE

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

65-0990428

Applied For

Not Applicable

Zip

33461-6606

Country

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
*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
*MANAGER
ROGER B. RUKIN
2328 10th AVE. No. Suite 403
LAKE WORTH, FL 33461-6606*

TITLE
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CITY-ST-ZIP

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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

Date

Daytime Phone #

7/22/02 561 586-0100

CR2E083B (12/01)