

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90005 044 ****50.00

DOCUMENT # L00000002212

1. Entity Name

RLC DEVELOPMENT, L.L.C.



Principal Place of Business

124 E. BOCA RATON ROAD
BOCA RATON FL 33432-3

Mailing Address

124 E. BOCA RATON ROAD
BOCA RATON FL 33432-3

2. Principal Place of Business

137 W. Royal Palm Rd.

Suite, Apt. #, etc.

3. Mailing Address

137 W. Royal Palm Rd.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Boca Raton, FL

City & State

Boca Raton, FL

4. FEI Number 65-1015910

Applied For

Not Applicable

Zip 33432-2831

Country USA

Zip 33432-2831

Country USA

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

RETZSCH
RETZSCH, BRUCE W
798 ELM TREE LANE
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name RETZSCH, BRUCE W.

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

[Signature]

Bruce W. Retzsch

03.28.03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	RETZSCH, BRUCE W	
STREET ADDRESS	798 ELM TREE LANE	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LANAO, LUIS A	
STREET ADDRESS	9788 LANCASTER PLACE	
CITY-ST-ZIP	BOCA RATON FL 33434	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	CAYCEDO, JUAN C	
STREET ADDRESS	1049 W. PALMETTO PARK RD.	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]

RETZSCH, BRUCE W. 03.28.03

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

Date

Daytime Phone #

CR2E083 (10/02)