## **2001 UNIFORM BUSINESS REPORT (UBR)**

Zip Country 5. Certificate of Status Desired   \$5.00 Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 8. Name  KARPAN, JUIE 19350 NORTHWEST 123RD COURT 9. 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 Porda.  SIGNATURE 9. MARKAGING MEMBERS / MEMBERS 10. (nOPE Registered Agent signature required when remaining) DATE  FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State  9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES  ITTLE MARKE 123RD COURT 10. STATE 123RD 10. ADDITIONS/CHANGES 10. ADDITIO	DOCUMENT # L0000002337  1. Entity Name R & J EQUIPMENT, LLC					FILED  OI APR 23 PH 4: 00			
Suite, April 4 etc.	19350 NORTHWEST 123RD COURT 19350 NORTHWEST 123RD COU				<del>, , , , , , , , , , , , , , , , , , , </del>			i )(()) (20) (20)	
Suite, Apt. #, etc.   Suite   A. FEI Number   St. O. Additional Fee Requirement   St. O. O. Additional Fee Requirement   St. O. Additional	2. Principal Place of Business 3. Mailing Address				·				
South Applicable   South   S	Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
Second   S	City & State City & State				4. FEI Number  Applied For  Not Applicable				
St. Name and Address of Current Registered Agent   Name   Name		Country	Zip	Country	5. Certi	ficate of Status Desired	☐ \$5.00 Add	ditional	
Street Address (P.O. Box Number is Not Acceptable)		6. Name and Address of Current R	egistered Agent		7. Name	e and Address of New Re	· · · · · · · · · · · · · · · · · · ·		
Sireet Address (P.O. Box Number is Not Acceptable)  Sireet 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 agent, or both, in the State of Florida.  SIGNATURE    Signature Typed or prints have or registered agent agreeting registered agent, or both, in the State of Florida.  SIGNATURE   Delete   Prints   Prin	KARPAN JIJIF				Name				
B. 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   Trick	-		Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
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 little if applicable. (NOTE: Registered Agent algorithms required when reinstating)   DATE	MICANOP	Y FL 32667			1				
SIGNATURE    Signature   Signa			•	City			FL Zip Cod	е	
FILE NOW!!! FEE IS \$50.00   Make Check Payable to Department of State	8. The above	named entity submits this statement for t	the purpose of changing its r	egistered office or r	egistered agent,	or both, in the State of Flori	da.		
### Make Check Payable to Department of State    Make Check Payable to Department of State	SIGNATURE .	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signature	e required when reinstati	ng)	DATE	<del></del>	
MGRM HOLLY, JERRY   Delete   MAME   STREET ADDRESS   DELETE   MAME   DELETE   Delete   MAME   DELETE   Delete   MAME   DELETE   Delete   MAME   DELETE				· ·			·		
HOLLY, JERRY 19350 NORTHWEST 123RD COURT MICANOPY FL 32667  ITHE MAME STREET ADDRESS CITY-ST-ZIP  MGRM KARPAN, JULIE 19350 NORTHWEST 123RD COURT MICANOPY FL 32667  ITHE MAME STREET ADDRESS CITY-ST-ZIP  MGRM KARPAN, JULIE 19350 NORTHWEST 123RD COURT MICANOPY FL 32667  ITHE MAME STREET ADDRESS CITY-ST-ZIP  Delete  TITLE MAME STREET ADDRESS CITY-ST-ZIP  Delete STREET ADDRESS CITY-ST-ZIP				· I		ADDITIONS/C		<del></del>	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	HOLLY, JERRY 19350 NORTHWEST 123RD COUR MICANOPY FL 32667		NAME STREET ADDRESS		,	Lil Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	name Street address	Karpan, Julie 19350 Northwest 123RD Cour		NAME STREET ADDRESS			35284- 01010050		
NAME STREET ADDRESS CITY-ST-ZIP  TITLE  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CHANGE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS		. 🗀 Delete	NAME STREET ADDRESS		. "本本本来与	J.UU CHAMAS	- Addition	
NAME STREET ARDRESS CITY-ST-ŽIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  Change Addition NAME STREET ADDRESS CITY-ST-ZIP  CITY-ST-ZIP  CITY-ST-ZIP	NAME Street address		☐ Delete	NAME STREET ADDRESS			☐ Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	نر NAME STREET AMORESS		☐ Delete	NAME STREET ADDRESS			Change	☐ Addition	
11. Thereby 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 each that are a managing member or manager of the	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information supplied with th	his filing does not qualify for	NAME STREET ADDRESS CITY-ST-ZIP the exemption state	d in Section 119.0	07(3)(i), Florida Statutes. I f	urther certify that the in	Addition	

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.