## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0000002337

1. Entity Name

R & J EQUIPMENT, LLC



## FILED Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90315 028 \*\*\*\*50.00

1835 NAN 128P   1835 NAN 128	Principal Plac	e of Business	Mailing Address	Mailing Address							
Sulfe, Apt. ff. etc.   Suite, Apt. ff. etc.   CHY & State   Application   Sp-3627571   Application   Application   Sp-3627571   Application   Application   Sp-3627571   Application   Application   Sp-3627571   Application											
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City & State  Country  Country  Country  Country  Country  S. Certificate of Status Deaired  S. Sound Additional Feeburge  S. Name and Address of Current Registered Agent  Name  Name  Name  Name  City  State: Additions (PO. Box Number is Not Acceptable)  City  FL  Zip Code  State Additions (PO. Box Number is Not Acceptable)  City  FL  Zip Code  State Additions (PO. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entry 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 obligators of registered agent.  City  FL  Zip Code  State Additions (PO. Box Number is Not Acceptable)  City  FL  Zip Code  State Additions (PO. Box Number is Not Acceptable)  City  FL  Zip Code  State Additions (PO. Box Number is Not Acceptable)  Note: Additions (PO. Box Number is Not Acceptable)  The above named entry 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 echigators of registered agent.  Note: Additions (PO. Box Number is Not Acceptable)  The Addition (	2. Principal P	Place of Business	3. Mailing Address	3. Mailing Address							
Zip	Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
S. Certificate of Status Desired   Fee Required	City & State		City & State			4. FEI Nur	4. FEI Number 59-3627571				
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KARPAN, JULE 19350 NORTHWEST 123RD COURT MICANOPY FL 32687  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 tamuliar with, and accept the obligations of registered agent.  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of 19tates  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FILE NOW!! FEE IS \$50.00  Make Check Payable to Princial Department of 19tates  FI	6. Name and Address of Current Registered Agent					7. Name a	and Address of New Reg	istered Ag	ent		
Sincer Address (P.O. Box Number is Not Acceptable)    Street Address (P.O. Box Number is Not Acceptable)	MARRAM HHIE				Name						
Entry Charge   Charge   Addition   NAME   Charge	193	50 NORTHWEST 123RD COURT				Street Address (P.O. Box Number is Not Acceptable)					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    Signature byte of printed notes of programme agent and the projection of printed notes of p				·							
SIGNATURE    Signature   Signa					City			FL	Zip Cod	le	
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		ertify that the information supplied with	this filing does not qualify for			d in Section 110.07/	QVi) Florido Statutas ( f.:-	thar cartif.	that the !-	formation	

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

V 15/03

Date

352-591 0943

Daytime Phone #