

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90041 002 \*\*\*\*50.00

0022458

**DOCUMENT # L00000004003**

1. Entity Name

**RPM WAREHOUSE, LLC**



Principal Place of Business

Mailing Address

**239 WESTERN AVE  
STATEN ISLAND NY 10303**

**239 WESTERN AVE  
STATEN ISLAND NY 10303**

2. Principal Place of Business

**99 Hook RD.**

3. Mailing Address

**99 Hook RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BAYONNE NJ**

City & State

**BAYONNE NJ**

Zip

**07002**

Country

**USA**

Zip

**07002**

Country

**USA**

4. FEI Number **65-0095608**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MURRAY, DAVID G PA  
1401 E BROWARD BLVD  
#200  
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

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, 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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MASUCCI, RAYMOND**  
STREET ADDRESS **239 WESTERN AVE**  
CITY-ST-ZIP **STATEN ISLAND NY 10303**

TITLE **MGR** ☐ Delete  
NAME **MASUCCI, ROBERT**  
STREET ADDRESS **239 WESTERN AVE**  
CITY-ST-ZIP **STATEN ISLAND NY 10303**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 REQUIRED**

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

**7/30/03**

**(201) 883-5201**

Daytime Phone #

CR2E083 (4/03)