

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L-4157

1. Entity Name

RSD L, LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

119-121 AUSTRALIAN AVE
PALM BEACH, FL
33480

P.O. Box 347
PALM BEACH, FL
33480

2. Principal Place of Business

3. Mailing Address

119-121 AUSTRALIAN AVE

P.O. Box 347

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach, FL

Palm Beach, FL

Zip

Country

Zip

Country

33480

USA

33480

USA

4. FEI Number

65-1088709

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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.

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WIGAM
RHONDA S DERRIN LIEBERSON
175 HILLS POINT ROAD
WESTPORT, CT 06880

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WIGAM
SCOTT J. DERRIN
P.O. Box 347
PALM BEACH, FL 33480

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1000004164281-013
-05/09/01-01020-013
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/10/01 (561) 655-3223

CR2E083 (1/100)