

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000004158

1. Entity Name
RUSKIN LLC

Principal Place of Business
6490 N. OCEAN DR
OCEAN RIDGE FL 33435

Mailing Address
6490 N. OCEAN DR
OCEAN RIDGE FL 33435

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1002810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSSELL, DONALD J
6490 N. OCEAN DRIVE
OCEAN RIDGE FL 33435

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]

DONALD J. RUSSELL

4/23/01

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

200004302872--7
-05/23/01--01104--011
*****50.00 *****50.00

9. SIGNING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP
6490 North Ocean Blvd.
Ocean Ridge, FL 33435
Agent - Reg. Member ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
Craig W. Baskin
6490 North Ocean Blvd.
Ocean Ridge, FL 33435
Managing Member ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

10. ADDITIONS / CHANGES

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

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

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

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

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

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

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] SIGNATURE OF DONALD J. RUSSELL

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

4/23/01

Date

867-702020

Daytime Phone #

APPROVED
AND
FILED

01 MAY -2 AM 10:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)