

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90042 030 *****50.00

0041824

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1. Entity Name

RAMOORE LODGING, L.L.C.



Principal Place of Business
**2352 WEST LEEWYNN DR.
SARASOTA FL 34240**

Mailing Address
**2352 WEST LEEWYNN DR.
SARASOTA FL 34240**

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 **65-1003095**

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

**PREWETT, DANIEL L
5777 BENEVA ROAD SOUTH
SARASOTA FL**

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 May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RABISH, MARK**
STREET ADDRESS **2352 WEST LEEWYNN DR.**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGRM** ☐ Delete
NAME **RABISH, STANLEY**
STREET ADDRESS **4745 TURNER ST.**
CITY-ST-ZIP **TRENTON MI 48183**

TITLE **MGRM** ☐ Delete
NAME **RABISH, MARY**
STREET ADDRESS **2352 W. LEEWYNN**
CITY-ST-ZIP **SARASOTA FL 34240**

TITLE **MGRM** ☐ Delete
NAME **RABISH, MARLA**
STREET ADDRESS **4745 TURNER ST.**
CITY-ST-ZIP **TRENTON MI 48183**

TITLE **MGRM** ☒ Delete
NAME **MOORE, MARGARET**
STREET ADDRESS **25176 OLD DEPOT RD.**
CITY-ST-ZIP **GROSSE ILE MI 48138**

TITLE **MGRM** ☒ Delete
NAME **MOORE, SAM**
STREET ADDRESS **25176 OLD DEPOT RD**
CITY-ST-ZIP **GROSSE ILE MI 48138**

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **PAUL LOZON**
STREET ADDRESS **1216 SELMA**
CITY-ST-ZIP **WESTLAND, MI 48186**

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

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

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Marla Rabish

4-17-03 734.671.5237

CR2E083 (10/02)