

2001 UNIFORM BUSINESS REPORT (UBR)

0006249 AF

DOCUMENT # L00000004934

1. Entity Name
RENTANET AMERICA, LLC

FILED

2001 MAY -2 PM 3:56

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
350 TAYLOR AVENUE #B5
CAPE CANAVERAL FL 32920-3055

Mailing Address
350 TAYLOR AVENUE #B5
CAPE CANAVERAL FL 32920-3055

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOLFVE, LARS
350 TAYLOR AVENUE #B5
CAPE CANAVERAL FL 32920-3055

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

400004336704--0
-05/31/01--01075--011
*****100.00 *****50.00

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
HOLFVE, LARS
350 TAYLOR AVE APT B5
CAPE CANAVERAL, FL 32920

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
PETER - OLOF HOLFVE
915 SAMAR RD.
COCOA BEACH, FL 32931

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/30/01 321-90-6086
Date Daytime Phone #

CR2E083 (11/00)