

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000006790

1. Entity Name

RBS, LLC

FILED

OCT -8 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

% JAMES S. CAMPBELL
3 WEST GARDEN STREET, SUITE 700
PENSACOLA

Mailing Address

% JAMES S. CAMPBELL
3 WEST GARDEN STREET, SUITE 700
PENSACOLA

2. Principal Place of Business

92 Highpoint Drive
Suite, Apt. #, etc.

3. Mailing Address

92 Highpoint Drive
Suite, Apt. #, etc.

City & State
Gulf Breeze, FL

Zip
32561

Country
USA

City & State
Gulf Breeze, FL

Zip
32561

Country
USA

4. FEI Number
Applied For

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAMPBELL, JAMES S
3 WEST GARDEN STREET, SUITE 700
BLOUNT BUILDING
PENSACOLA FL 32501

7. Name and Address of New Registered Agent

Name
Robert B. Switzerr
Street Address (P.O. Box Number is Not Acceptable)
92 Highpoint Drive
City Gulf Breeze, FL FL Zip Code
32561

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By September 26, 2001

600004629506--3
10/10/01--01035--012
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert B. Switzer, MGRM 92 Highpoint Drive Gulf Breeze, FL 32561	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

9/10/01 850 433 0024

CR2E083 (5/01)