

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

05-23-2003 90046 006 *****50.00

DOCUMENT # L00000006895

1. Entity Name

RMOP, LLC



Principal Place of Business

**6020 INDIANA AVENUE
NEW PORT RICHEY FL 34653**

Mailing Address

**6020 INDIANA AVENUE
NEW PORT RICHEY FL 34653**

2. Principal Place of Business

3. Mailing Address

7491 W. Oakland Park Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#100

City & State

Lauderhill FL

Zip

Country

Zip

Country

33319

USA

4. FEI Number **59-3652769**

Applied For

Not Applicable

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

**SCHEINER, ELIEZER
1711 SIXTH AVENUE SOUTH
LAKE WORTH FL 33460**

Name

Street Address (P.O. Box Number is Not Acceptable)

7491 W. Oakland Park Blvd #100

City

Lauderhill

FL

Zip Code

33319

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

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **SCHEINER, ELIEZER**
STREET ADDRESS **1711 6TH AVENUE SOUTH**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **OSTROFF, RON**
STREET ADDRESS **7491 W. Oakland Park Blvd #100**
CITY-ST-ZIP **Lauderhill FL 33319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
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TITLE ☐ Change ☐ Addition
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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 REQUIRED - CFO

5-19-03

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

Date

Daytime Phone #

0064749

CR2E083 (10/02)