

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009966

1. Entity Name
RDLS GROUP LLC

FILED

01 OCT 17 PM 12:17

Principal Place of Business
6329 PASADENA POINT BOULEVARD
SOUTH PASADENA FL 33707

Mailing Address
6329 PASADENA POINT BOULEVARD
SOUTH PASADENA FL 33707

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6329 Pasadena Pt Blvd

3. Mailing Address
- Same

City & State
S. Pasadena - FL
Zip
33707
Country
USA

City & State
- Same
Zip
Same
Country

4. FEI Number ☒ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LATORRE, WENDY
6329 PASADENA PT. BLVD.
ST. PETE FL 33707

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, 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
Due By September 26, 2001

100004652601--7
-10/25/01--01025--024
*****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mark Roesch <input checked="" type="checkbox"/> Delete 13650 66th St. N. St. Pete, FL 33771	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chris Dushane <input checked="" type="checkbox"/> Delete 12673 69th Way N Clearwater - FL 33760	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jeanette Searce <input checked="" type="checkbox"/> Delete 2630 W. Bay Isle SE St. Pete - FL 33705	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	W. Holdings <input checked="" type="checkbox"/> Delete 6329 Pasadena Pt Blvd S. Pasadena - FL 33707	
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	<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 #

CR2E083 (5/01)