

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 01, 2002 8:00 am**  
**Secretary of State**

04-01-2002 90063 042 \*\*\*\*\*50.00

**DOCUMENT # L00000009966**

1. Entity Name

**RDL GROUP LLC**

Principal Place of Business

**6329 PASADENA POINT BOULEVARD  
 SOUTH PASADENA FL 33707**

Mailing Address

**6329 PASADENA POINT BOULEVARD  
 SOUTH PASADENA FL 33707**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**B0054759**



DO NOT WRITE IN THIS SPACE

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

**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 May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 ROESCH, MARK  
 13650 66TH ST. NORTH  
 ST. PETE FL 33771** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 DUSHANE, CHRIS  
 12673 59TH WAY NORTH  
 CLEARWATER FL 33760** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 SEACOR, JEANETTE  
 2630 W. BAY ISLE SE  
 ST. PETE FL 33705** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**MGRM  
 W. HOLDINGS  
 6329 PASADENA POINT BOULEVARD  
 SOUTH PASADENA FL 33707** ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

10. ADDITIONS/CHANGES

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
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 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

Date

Daytime Phone #

CRZE083 (9/01)

Mar 20 02 07:10p

Cindy Simpson

727-527-9681

Sep. 12 2000 05:35PM P2

FROM :

PHONE NO. :

Form <b>SS-4</b> (Rev. December 1995) Department of the Treasury Internal Revenue Service	<b>Application for Employer Identification Number</b> (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.) ► Keep a copy for your records.	EIN _____ OMB No. 1545-0003
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Please type or print clearly.	1 Name of applicant (Legal name) (See instructions.) <b>ROLS GROUP, LLC</b>	3 Executor, trustee, "care of" name
	2 Trade name of business (if different from name on line 1)	6a Business address (if different from address on lines 4a and 4b)
	4a Mailing address (street address) (room, apt., or suite no.) <b>6329 PASADENA PT BLVD</b>	5b City, state, and ZIP code
	4b City, state, and ZIP code <b>ST PETERSBURG, FL 33707</b>	
	6 County and state where principal business is located <b>PINELLAS COUNTY, FLORIDA</b>	
	7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <b>WENDY LATORRE</b>	<b>8201-29 0485</b>

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other corporation (specify) ► <b>LIMITED LIABILITY CO.</b>
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> Other nonprofit organization (specify) ►	<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other (specify) ►	(enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <b>FLORIDA</b>	Foreign country
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9 Reason for applying (Check only one box.)	<input checked="" type="checkbox"/> Banking purpose (specify) ► <b>INVESTMENT ACTIVITY</b>
<input type="checkbox"/> Started new business (specify) ►	<input type="checkbox"/> Changed type of organization (specify) ►
<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Created a trust (specify) ►
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Other (specify) ►
<input type="checkbox"/> Created a pension plan (specify type) ►	

10 Date business started or acquired (Mo., day, year) (See instructions.) <b>8-18-2000</b>	11 Closing month of accounting year (See instructions.) <b>DECEMBER</b>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)	<b>N/A</b>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural <input checked="" type="checkbox"/>	Agricultural	Household
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14 Principal activity (See instructions.) ► <b>INVESTMENT ACTIVITY</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ►	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) ►	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name ►	Trade name ►
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year) City and state where filed	Previous EIN
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <b>727-343-6232*</b>
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Name and title (Please type or print clearly.) ►	Fax telephone number (include area code) <b>727-343-6232*</b>
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Signature ► <i>Wendy Latorre</i>	Date ► <b>9/12/2000</b>
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Note: Do not write below this line. For official use only.					
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Please leave blank ►	Geo.	Ind.	Class	Size	Reason for applying
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