

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90209 027 ****50.00

DOCUMENT # L00000009976

1. Entity Name

R & D FLORIDA, LLC



Principal Place of Business

Mailing Address

**P.O. BOX 1024
PALM BEACH FL 33480**

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PALM BEACH FL 33480**

965921



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1033275

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

**ANGELL CORPORATE SERVICES, INC.
ONE NORTH CLEMATIS STREET
SUITE 400
WEST PALM BEACH FL 33401-0000**

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

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	M	SADLER, RAY F III	170 BARTON AVENUE	PALM BEACH FL 33480
	M	MAHONEY, DANIEL J III	234 EL BRILLO WAY	PALM BEACH FL 33480

CR2E083 (9/01)

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

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

4/30/02 **561-651-6070**

Date

Daytime Phone #