

FILED
May 24, 2002 8:00 am
Secretary of State

04-16-2002 90084 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010210

1. Entity Name

RSCC PROPERTIES, LLC

Principal Place of Business

1882 PORTER LAKE DRIVE #104
SARASOTA FL 34240

Mailing Address

1882 PORTER LAKE DRIVE #104
SARASOTA FL 34240

65-1040530



65-1040530

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

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

ROGERS, ROBERT
1882 PORTER LAKE DRIVE #104
SARASOTA FL 34240

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 MGRM
 STREET ADDRESS ROGERS, ROBERT
 CITY-ST-ZIP 1882 PORTER LAKE DRIVE #104
 SARASOTA FL 34240 ☐ Delete

TITLE NAME MGRM
 STREET ADDRESS ROGERS, SOPHIA
 CITY-ST-ZIP 1882 PORTER LAKE DRIVE #104
 SARASOTA FL 34240 ☐ Delete

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

TITLE NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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:

Sophia Rogers
 SIGNED

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

4/4/02

Date

941-379-5651

Daytime Phone #

CFR2083 (9/01)