

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90068 024 ****50.00

DOCUMENT # 000000014189

1. Entity Name

Rm Enterprises, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1000 SW 120 Ave.

Suite, Apt. #, etc

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Davie, FL

City & State

4. FEI Number

pending

Applied For

Not Applicable

Zip
33325

Country
US

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Filings, Inc.

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

3732 NW 114th St.

City

Fort Lauderdale

FL

Zip Code

33311

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IN THIS SPACE

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

Filings, Inc.

7-5-04

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

mb Rm
Jon Slack
1520 SW 22nd St.
Fort Lauderdale, FL 33315

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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IN THIS SPACE

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Jon Slack

7-5-04

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

Date

Daytime Phone #