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FILED
Mar 10, 2002 8:00 am
Secretary of State

02-05-2002 90072 047 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015960

1. Entity Name

R&R TOOLS JUPITER, LLC

Principal Place of Business	Mailing Address
1391 STONEWAY LANE WEST PALM BEACH FL 33417	1391 STONEWAY LANE WEST PALM BEACH FL 33417

2. Principal Place of Business	3. Mailing Address
215 A Jupiter Street	215 A Jupiter Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jupiter, Fl	City & State: Jupiter, Fl
Zip: 33458 Country: USA	Zip: 33458 Country: USA

4. FEI Number: 65-1083020 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILDE, IRENE E 1391 STONEWAY LANE WEST PALM BEACH FL 33417	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	☐ Delete	TITLE: MGRM/MGR NAME: Michael Sweeney STREET ADDRESS: 1420 S.W. Gilroy Rd. CITY-ST-ZIP: Pt. St. Lucie, Fl 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE: MGRM NAME: Julie Sweeney STREET ADDRESS: 1420 S.W. Gilroy Rd. CITY-ST-ZIP: Pt. St. Lucie, Fl 34953	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 Date Daytime Phone #