

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000153

1. Entity Name

RP NORTHERN LIGHTS, LLC

Principal Place of Business

Mailing Address

2. Principal Place of Business

12669 COCONUT CREEK CT

3. Mailing Address

12669 COCONUT CREEK CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS FL

City & State

FORT MYERS FL

Zip

33908

Country

USA

Zip

33908

Country

USA

4. FEI Number

65-1081246

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 APR 30 PM 6:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

PATTI PAVIS

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

12669 COCONUT CREEK CT

City

FORT MYERS

FL

Zip Code

33908

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

X Patricia E. Pavis

PATTI PAVIS

4-24-01

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

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
PATTI PAVIS
12669 COCONUT CREEK CT
FORT MYERS FL 33908

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
MEMBER
RON HANSELK
12669 COCONUT CREEK CT
FORT MYERS FL 33908

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
500004219545--8
-05/16/01--01038--022
*****50.00 *****50.00

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

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

11. I hereby certify that the information supplied with this filing does not qualify for an 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:

X Patricia E. Pavis

PATTI PAVIS MANAGING MEMBER

941-437-9858

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

Date 4/24/01

Daytime Phone #

CR2E083 (11/00)