

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90205 025 ****50.00

DOCUMENT # L01000003610

1. Entity Name
RM, LLC

Principal Place of Business
**139 BEDFORD DR., STE. 1
 MELBOURNE FL 32940**

Mailing Address
**139 BEDFORD DR., STE. 1
 MELBOURNE FL 32940**

2. Principal Place of Business
1329 BEDFORD DR.
 Suite, Apt. #, etc.
SUITE 1

3. Mailing Address
1329 BEDFORD DR.
 Suite, Apt. #, etc.
SUITE 1

City & State
MELBOURNE FL

City & State
MELBOURNE FL

Zip
32940

Country
USA

Zip
32940

Country
USA

4. FEI Number
59-371831

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

**COLEMAN, CHRISTOPHER J ESQ.
 139 BEDFORD DR., STE. 1
 MELBOURNE FL 32940**

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
MGR
 NAME
L&C PROPERTIES OF BREVARD, INC.
 STREET ADDRESS
139 BEDFORD DR., STE. 1
 CITY-ST-ZIP
MELBOURNE FL 32940

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
MGR
 NAME
JLS PROPERTIES, INC.
 STREET ADDRESS
1664 VISTA LAKE CIRCLE
 CITY-ST-ZIP
WEST MELBOURNE FL 32904

☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
MGR
 NAME
LAT PROPERTIES, INC.
 STREET ADDRESS
1050 MEADOWBROOKE RD., N.E.
 CITY-ST-ZIP
PALM BAY FL 32905

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
MGR
 NAME
VESTROL CORP.
 STREET ADDRESS
168 CENTER ST.
 CITY-ST-ZIP
CAPE CANAVERAL FL 32920

☐ 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

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
CHRISTOPHER J. COLEMAN, ESQ.

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

Date

Daytime Phone #

4/26/02 321-255-7737

CR2E083 (9/01)