

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

04-28-2003 90088 030 ****50.00

DOCUMENT # L01000003610

1. Entity Name

RM, LLC



Principal Place of Business

**1329 BEDFORD DRIVE
SUITE 1
MELBOURNE FL 32940**

Mailing Address

**1329 BEDFORD DRIVE
SUITE 1
MELBOURNE FL 32940**

44002067

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-3711831**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

TITLE **MGRM** ☐ Delete
NAME **VESTROL CORP.**
STREET ADDRESS **166 CENTER ST.**
CITY-ST-ZIP **CAPE CANAVERAL FL 32920**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **MEMBER MGRM**
STREET ADDRESS **CALAMARI OF BREVARD, INC.**
CITY-ST-ZIP **1329 BEDFORD DR., SUITE 1
MELBOURNE FL 32940**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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 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 OF CHRISTOPHER J. COLEMAN 1 OF BRV. MAY 23/03

321-255-3737

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

Date

Daytime Phone #

CR2E083 (10/02)