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## Feb 12, 2004 8:00 am **Secretary of State** DOCUMENT # L01000004031 1. Entity Name 02-12-2004 90115 007 \*\*\*\*50.00 RMB INDUSTRIES, LLC Principal Place of Business Mailing Address 26251 S. TAMIAMI TR., UNITS 4 & 5 23021 GRASSY PINE DR. ESTERO FL 33928 US **BONITA SPRINGS FL 34135** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 59-3704865 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Krowning NAPLES-LAWDOCK, INC. ress (P.O. Box Number is Not Acceptable) Street Add 4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103 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 > (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9 10. TITLE MGR ☐ Delete TITLE Change Addition BROWNING, RANDOLPH M NAME NAME STREET ADDRESS 23021 GRASSY PINE DRIVE STREET ADDRESS CITY-ST-ZIP ESTERO FL 33928 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/P TETLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. Thereby certify that the information supplied with this filling 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.

GNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED