

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **L01000004464**

1. Entity Name

**R&J Motors, L.L.C.**

FILED

02 JUN 20 PM 2:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2001 S Dixie Hwy**

Suite, Apt. #, etc.

3. Mailing Address

**Same**

Suite, Apt. #, etc.

City & State

**West Palm Beach, FL**

City & State

**33401**

Country

Zip

Country

4. FEI Number

**65-1092445**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

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**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Ron Roberts**

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

**1181 S. Rogers Circle**

**St 9**

City & State

**West Palm Beach, FL**

Zip

**33487**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1**

**300005911999--1**  
**-06/21/02--01072--019**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

9. MANAGING MEMBERS/MANAGERS

TITLE **P.**  
NAME **Ron Roberts**  
STREET ADDRESS **1181 S. Rogers Circle St 9**  
CITY-ST-ZIP **West Palm Beach FL 33487**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **John Koon**  
STREET ADDRESS **2001 S Dixie Hwy**  
CITY-ST-ZIP **West Palm Beach FL 33401**

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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 effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or its empowered officer to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)