

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90756 005 ****50.00

0062390

DOCUMENT # L01000005343

1. Entity Name

R & J DEVELOPMENT, LLC



Principal Place of Business

**22286 VICK STREET
CHARLOTTE HARBOR FL 33980**

Mailing Address

**22286 VICK STREET
CHARLOTTE HARBOR FL 33980**

2. Principal Place of Business

3. Mailing Address

c/o Jack O. Hackett II

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Drawer 511447

City & State

City & State

Punta Gorda, FL

Zip

Country

Zip

Country

33951

4. FEI Number **65-1116175**

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

**FEHR, JEFF
22286 VICK STREET
CHARLOTTE HARBOR FL 33980**

Name

Jack O. Hackett II, Esquire

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

99 Nesbit Street

City

Punta Gorda

FL

Zip Code

33950

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 **MGRM** ☐ Delete
NAME **FEHR, JEFF**
STREET ADDRESS **22286 VICK STREET**
CITY-ST-ZIP **CHARLOTTE HARBOR FL 33980**

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

TITLE **MGRM** ☐ Delete
NAME **FARHAT, PHILIP D**
STREET ADDRESS **326 SEVERIN STREET**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

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

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

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 REQUIRED Fehr 4/17/03

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

Date

Daytime Phone #

CR2E083 (10/02)