

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90234 048 \*\*\*\*50.00

**DOCUMENT # L01000006019**

1. Entity Name

**ROSSMEYER HOLDINGS, LLC**



Principal Place of Business

**290 N. BEACH ST.  
DAYTONA BEACH FL 32114**

Mailing Address

**290 N. BEACH ST.  
DAYTONA BEACH FL 32114**

2. Principal Place of Business

**2871 N. Federal Highway**

3. Mailing Address

**2871 N. Federal Highway**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

Zip

**33306**

Country

**USA**

Zip

**33306**

Country

**USA**

4. FEI Number **59-3717274**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**ROSSMEYER, BRUCE  
290 N. BEACH ST.  
DAYTONA BEACH FL 32114**

Name

**SAME**

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

**2871 N. Federal Highway**

City

**Ft. Lauderdale**

**FL**

Zip Code

**33306**

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

**1/13/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **ROSSMEYER, BRUCE**  
STREET ADDRESS **290 N. BEACH ST.**  
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **SAME** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **2871 N. Federal Highway**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33306**

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

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

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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:

**REQUIRED**

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

**1/13/03 954-724-2800**

Date

Daytime Phone #

CR2E083 (10/02)