

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90055 025 *****50.00

DOCUMENT # L01000007054

1. Entity Name

RYBERG OF FLORIDA, L.L.C.

Principal Place of Business

**69 EAST CRYSTAL LAKE AVENUE
CRYSTAL LAKE IL 60014**

Mailing Address

**69 EAST CRYSTAL LAKE AVENUE
CRYSTAL LAKE IL 60014**

2. Principal Place of Business

4378 US Hwy 1

3. Mailing Address

716 Tek Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Unit A

City & State

Vero Beach, FL

City & State

Crystal Lake, IL

4. FEI Number

36-4442896

Applied For

Not Applicable

Zip

32967

Country

Indian River

Zip

60014

Country

McHenry

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

**PETER HAMILTON WARD
4001 WEST NEWBERRY ROAD, C-1
GAINESVILLE FL 32601-2392**

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**President - MGRM
Jon Ryberg
716 Tek Drive Unit A
Crystal Lake, IL 60014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**Secretary - MGRM
Karen Ryberg
716 Tek Drive Unit A
Crystal Lake, IL 60014**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

JON RYBERG

2/20/02

815-477-7013

Date

Daytime Phone #

CR2E083 (9/01)