

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

**FILED**  
**Aug 17, 2005 8:00 am**  
**Secretary of State**

08-17-2005 90068 004 \*\*\*\*50.00

DOCUMENT # L01000007804-

1. Entity Name

RT ALBRIGHT LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1932 Palm Vista Dr.

3. Mailing Address

1932 Palm Vista Dr.

Suite, Apt. #, etc.

Apopka, FL

Suite, Apt. #, etc.

City & State

City & State

Apopka, Florida

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

289424397

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Ron Albright

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

1932 Palm Vista Dr

City

Apopka

FL

Zip Code

32712

**DO NOT WRITE  
IN THIS SPACE**

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

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME         | STREET ADDRESS      | CITY-ST-ZIP           |
|-------|--------------|---------------------|-----------------------|
| Owner | Ron Albright | 1932 Palm Vista Dr. | Apopka, Florida 32712 |
|       |              |                     |                       |
|       |              |                     |                       |
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**DO NOT WRITE  
IN THIS SPACE**

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

8/10/05

Date

407-884-8350

Daytime Phone #

CR2E083B (12/02)