

8/11/20

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000009179**

1. Entity Name

**RSF OF JACKSONVILLE, LLC****FILED**  
**Aug 25, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90170 021 \*\*\*\*50.00

Principal Place of Business  
**1350 AVENUE OF THE AMERICAS  
SUITE 1910  
NEW YORK NY 10019**Mailing Address  
**1350 AVENUE OF THE AMERICAS  
SUITE 1910  
NEW YORK NY 10019**

14000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**58-2658333**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**LANGLEY, MARCIA ESQ.  
ONE BOCA PLACE  
2255 GLADES ROAD SUITE 419A  
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

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. 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 Department of State  
Due By September 25, 2002**

## 9. MANAGING MEMBERS/MANAGERS

TITLE	Manager	<input type="checkbox"/> Delete
NAME	Richard S. Frary	
STREET ADDRESS	1350 Ave of the Americas	
CITY-ST-ZIP	New York, NY 10019	
TITLE	Member	<input type="checkbox"/> Delete
NAME	Rebecca S. Frary	
STREET ADDRESS	1350 Ave of the Americas	
CITY-ST-ZIP	New York, NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Richard S. Frary

8/1/02 22-399-1795

Daytime Phone #

CR2083 (4/02)