

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90012 031 ****50.00

DOCUMENT # L01000010656

1. Entity Name
RENOP LLC



Principal Place of Business
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

Mailing Address
**1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

2. Principal Place of Business
750 BAYBERRY DRIVE

3. Mailing Address
7491 W. OAKLAND PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE PARK, FLORIDA

City & State
LAUDERHILL, FLORIDA

Zip
33403

Country
USA

Zip
33319

Country
USA

4. FEI Number **65-1117658**
65-1117656

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**OSTROFF, RON
1711 6TH AVENUE SOUTH
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name
OSTROFF, RON

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

7491 W. OAKLAND PARK BLVD

City
LAUDERHILL

FL

Zip Code
33319

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

3/7/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

MGRM
OSTROFF, RON
1711 6 AVENUE SOUTH
LAKE WORTH FL 33460

☐ Delete

10. ADDITIONS/CHANGES

OSTROFF, RON
7491 W. OAKLAND PARK BLVD
LAUDERHILL, FL
33319

☒ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ Change ☐ Addition

☐ Delete

☐ 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 REQUIRED

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

3/7/03

954-578-1946

Date

Daytime Phone #

CR2E083 (10/02)