

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

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90465 006 ****50.00

DOCUMENT # L01000013820

1. Entity Name

RIEGEL FAMILY LLC

DO NOT WRITE IN THIS SPACE

968883

2. Principal Place of Business

231 HIDDEN BAY DR.

Suite, Apt. #, etc.

201

City & State

OSPREY FL

Zip

34229

Country

USA

3. Mailing Address

231 HIDDEN BAY DR.

Suite, Apt. #, etc.

201

City & State

OSPREY, FL

Zip

34229

Country

USA

4. FEI Number

31-1793563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

FARALD L. RIEGEL

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

231 HIDDEN BAY DR. #201

City

OSPREY

FL

Zip Code

34229

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.

4/1/02
DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS / MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT
FARALD RIEGEL
231 HIDDEN BAY DR. #201
OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VICE PRESIDENT
MARY RIEGEL
231 HIDDEN BAY DR. #201
OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TREASURER
MARY RIEGEL
231 HIDDEN BAY DR. #201
OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SECRETARY
MARY RIEGEL
231 HIDDEN BAY DR. #201
OSPREY, FL 34229

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

**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

FARALD RIEGEL 4/1/02 941-966-7242

Date

Daytime Phone #

CR2E083B (12/01)