

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90212 026 ****50.00

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

DOCUMENT # LO100005068 ✓

1. Entity Name

ROBERGE CAPITAL MANAGEMENT, LLC

DO NOT WRITE IN THIS SPACE

966125

2. Principal Place of Business 18 Wall Street		3. Mailing Address 18 Wall Street	
Suits, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32801	County Orange	Zip 32801	County Orange

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3742585	Applied For Not Applicable
-----------------------------	-------------------------------

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City
Tallahassee FL Zip Code
32301

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 date of application.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

1. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Manager Carl Roberge 3004 Barkley Grove Loop Bellingham, WA 98266	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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 118.07(3)(b), 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.

Carl Roberge

SIGNATURE:

04/26/2002

(604) 542-2448

CR200308 (12/01)