

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 11, 2003 8:00 am
Secretary of State

03-11-2003 90027 036 ****50.00

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1. Entity Name

ROCKFORD-GAINESVILLE, L.L.C.



Principal Place of Business

5226 N.W. 47TH LANE
GAINESVILLE FL 32606

Mailing Address

5226 N.W. 47TH LANE
GAINESVILLE FL 32606

2. Principal Place of Business

5542 NW 43rd St

3. Mailing Address

5542 NW 43rd St

Suite, Apt. #, etc.

Gainesville, FL 32653

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32653

Country

USA

Zip

32653

Country

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3744384**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOSSHARDT, CAROL R
5542 N.W. 43RD STREET
GAINESVILLE FL 32653

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **AUERBACH, LIORA**
STREET ADDRESS **5226 NW 47TH LANE**
CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR (Manager)** ☒ Change ☐ Addition
NAME **Bosshardt, Carol R.**
STREET ADDRESS **5542 NW 43rd St.**
CITY-ST-ZIP **Gainesville, FL 32653**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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: X SIGNATURE REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)