2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State
01-28-2002 90022 020 ****50.00

DOCUMENT # L01000019363

1. Entity Name
RUPPEL PAINTING, LLC

Principal Place of Business	Mailing Address
4468 WINNERS CIRCLE APT. #2221 SARASOTA FL 34238	4468 WINNERS CIRCLE APT. #2221 SARASOTA FL 34238

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		5900 S. Tamiami TRAIL	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE I	
City & State		City & State Sarasota Fl	
Zip	Country	Zip 34231	Country USA

4. FEI Number 65-1150671 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ASTRONSKAS, CATHERINE L
5900 S. TAMIAMI TRAIL
SUITE I
SARASOTA FL 34231

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.

SIGNATURE Catherine L Astronskas DATE 1/17/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUPPEL, TIMOTHY SCOT 4468 WINNERS CIRCLE - #2221 SARASOTA FL 34238 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER JAMES MICHAEL RUPPEL 4468 Winners Circle #2221 Sarasota FL 34238 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (9/01)

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 1-25-02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER/MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #