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

## DOCUMENT # L01000020930 1. Entity Name

## RGDDG INVESTMENT GROUP, LLC



Apr 11, 2003 8:00 am Secretary of State 04-11-2003 90020 035 \*\*\*\*55.00

				ETES!				
Principal Place of Business 1029 E. HIGHLAND DR. LAKELAND FL 33813		Mailing Address 1029 E. HIGHLAND DI LAKELAND FL 33813	R.					
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & Chata		City & City	City & Class			00 0000705	T.	- alled Car
City & State		City & State			FEI Number	30-0009795	<u> </u>	pplied For ot Applicable
Zip	Country	Zip	Country	5.	Certificate of Stat	tus Desired 📈	\$5.00 Add Fee Require	
	6. Name and Address of Curre	ent Registered Agent			7. Name and Address of New Registered Agent			
B&C	CORPORATE SERVICES OF C	ENTRAL FL. INC.	Name				<del></del>	
390	NORTH ORANGE AVENUE, SU ANDO FL 32801		Street A	Street Address (P.O. Box Number is Not Acceptable)				
0112					<del> </del>	<del></del>		
			City			i	FL Zip Cod	е
	named entity submits this statemen ions of registered agent.	t for the purpose of changing	g its registered office o	r registered a	gent, or both, in th	e State of Florida. I	am familiar with,	and accept
the obligati	ions of registered agent.	•						
SIGNATURE .	Signature, typed or printed name of registered ag	ent and title if applicable. (	NOTE: Registered Agent signa	ure required when	reinstating)	DA	TE	
	:	Make Check Pay	NOW!!! FEE IS Stable to Florida De Due By May 1, 200	partment o	f State			
9.	MANAGING MEN	I IBERS/MANAGERS	10.			ADDITIONS/CHANG	GES	
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NAME	PACOS, ROBERT S	_	NAME	.byco2	, ROBERT	1 Du - #1	6-105	
STREET ADDRESS CITY-ST-ZIP	2570 LAKE DEBRA DR. #105	•	STREET ADDRESS CITY-ST-ZIP	20 CV	DG FL	22826		
	ORLANDO FL 32835			O <sub>E</sub> CHO	94 1 6	0 20 33		- Lance
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indicated	ertify that the information supplied von this report is true and accurate a bility company or the receiver or trus	nd that my signature shall ha	ave the same legal effe	ct as if made	under oath; that I	am a managing mei	certify that the ir mber or manage	nformation r of the

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