

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

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90032 011 \*\*\*\*50.00

**DOCUMENT #** L01000021595

**1. Entity Name**

RB Taylor Investments, LLC

**DO NOT WRITE IN THIS SPACE**

913715

**2. Principal Place of Business**  
same as mailing address

**3. Mailing Address**  
3183 Chipping Wood Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**

Alpharetta, Georgia

**4. FEI Number**

91-2148051

**Applied For**

Not Applicable

**Zip**

**Country**

**Zip**

30004

**Country**

U.S.A.

**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**

Harry Schweitzer

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

10510 Rosemont Court

**City**

Fort Myers

**FL**

**Zip Code**

33908

**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.

**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**  
Manager  
Russell C. Taylor  
3183 Chipping Wood Court  
Alpharetta, Georgia 30004

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**  
Manager  
Betsy S. Taylor  
3183 Chipping Wood Court  
Alpharetta, Georgia 30004

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY - ST - ZIP**

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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

Date

Daytime Phone #

CR2E083B (12/01)