# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Apr 30, 2002 8:00 am**
**Secretary of State**
04-30-2002 90136 032 ****50.00

DOCUMENT # L01000022651

1. Entity Name

R&R HOLDINGS PORT SAINT LUCIE, LLC

947769

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| C/O R&R TOOLS, INC. | C/O R&R TOOLS, INC. |
| Suite, Apt. #, etc.<br>1202 SOUTH CONGRESS AVENUE | Suite, Apt. #, etc.<br>1202 SOUTH CONGRESS AVENUE |
| City & State<br>WEST PALM BEACH, FL | City & State<br>WEST PALM BEACH, FL |
| Zip / Country<br>33406 | Zip / Country<br>33406 |

4. FEI Number: NOT APPLICABLE — Applied For / XX 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: ROBERT J. WILDE

Street Address (P.O. Box Number is Not Acceptable):
C/O R&R TOOLS, INC.
1202 SOUTH CONGRESS AVENUE

City: WEST PALM BEACH **FL** Zip Code: 33406

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 _____ DATE
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 | MGRM |
| NAME | ROBERT J. WILDE |
| STREET ADDRESS | C/O R&R TOOLS, INC., 1202 SOUTH |
| CITY-ST-ZIP | CONGRESS AVE., WEST PALM BEACH, FL 33406 |

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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: _____ 4/29/02 439-3846
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ROBERT J. WILDE