

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

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90959 022 \*\*\*\*50.00

**DOCUMENT #** L02000000032

**1. Entity Name**

RUSS L.L.C.

**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**

14742 Osprey Point Dr.

Suite, Apt. #, etc.

**3. Mailing Address**

14742 Osprey Point Dr.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

Ft. Myers, Florida

**Zip**

33908

**Country**

USA

**City & State**

Ft. Myers, Florida

**Zip**

33908

**Country**

USA

**4. FEI Number**

☒ Applied For

☐ Not Applicable

**5. Certificate of Status Desired**

☐

**\$5.00 Additional  
Fee Required**

**7. Name and Address of Current Registered Agent**

**Name**

Gordon Duncan

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

1601 Jackson St. Suite 101

**City**

Ft. Myers

**FL**

**Zip Code**

33901

**DO NOT WRITE  
IN THIS SPACE**

**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.

3/21/02

**DATE**

**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**

Managing Member  
David A. Russ  
14742 Osprey Point Dr.  
Ft. Myers, FL 33908

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

**NAME**

**STREET ADDRESS**

**CITY - ST - ZIP**

**TITLE**

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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

3/19/02

**Date**

941-437-0877

**Daytime Phone #**

CR2E083B (12/01)