

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

FILED
Mar 24, 2002 8:00 am
Secretary of State

DOCUMENT # L02000000331

1. Entity Name

RESOURCE FUNDING, LLC

03-24-2002 90035 049 ****50.00

9 5 5 2 5 2

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

875 SW Whisper Ridge Trail 875 SW Whisper Ridge Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Palm City, FL

City & State

Palm City, FL

4. FEI Number

62-1724777

Applied For

Not Applicable

Zip

34990

Country

USA

Zip

34990

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Victor Ardito

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

875 SW Whisper Ridge Trail

City

Palm City

FL

Zip Code
34990

**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.

3/11/02
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

President

Victor Ardito

875 SW Whisper Ridge Trail

Palm City, FL 34990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice President

Bonnie Ardito

875 SW Whisper Ridge Trail

Palm City, FL 34990

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

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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:

Victor Ardito

3/11/02

772-283-6992

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)