

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90001 030 ****55.00

DOCUMENT # L02000000675

1. Entity Name

RUTLAND INTERNATIONAL, LLC



Principal Place of Business

Mailing Address

**C/O TREVOR BROWNE
8612 OLD BRIDGE LANE
ORLANDO FL 32819**

**C/O TREVOR BROWNE
8612 OLD BRIDGE LANE
ORLANDO FL 32819**

2. Principal Place of Business

10895 ROCKET BLVD

3. Mailing Address

10895 ROCKET BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ORLANDO FL.

City & State

ORLANDO FL

4. FEI Number

80-0022203

Applied For

Not Applicable

Zip

32824

Country

US

Zip

32824

Country

US

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWNE, TREVOR
8612 OLD BRIDGE LANE
ORLANDO FL 32819**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **RUTLAND INTERNATIONAL, INC.**
STREET ADDRESS **8612 OLD BRIDGE LANE**
CITY-ST-ZIP **ORLANDO FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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:

TREVOR BROWNE

1-17-03 407 859 1119

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

Date

Daytime Phone #

CR2E083 (10/02)