

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92181 037 \*\*\*\*50.00

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000001015**

1. Entity Name  
**RENTO TRADE LTD. CO.**



Principal Place of Business  
**360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234**

Mailing Address  
**360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234**

2. Principal Place of Business

3. Mailing Address

**12240 Willow Grove Rd.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Bldg #2**

City & State

City & State

**Camden DE**

Zip

Country

Zip

Country

**19934 USA**

**USA**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

☒ Not Applicable

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

**FLETCHER, W. RICK  
360 SOUTH SHORE DRIVE  
SARASOTA, FL 34234**

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's signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 11, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
INTERNATIONAL CONSULTING SERVICES LIMITED  
35 BARRACK ROAD  
BELIZE CITY, C.A.,**

☐ Delete

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

TITLE  
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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 606, Florida Statutes.

**SIGNATURE:**

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

Date

Daytime Phone #

CR2E083 (10/02)