

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-29-2003 90047 029 ****50.00

DOCUMENT # L02000001487

1. Entity Name
RBENTERPRISES LLC



Principal Place of Business
**3759 SALT MEADOW COURT SOUTH
JACKSONVILLE FL 32224**

Mailing Address
**3759 SALT MEADOW COURT SOUTH
JACKSONVILLE FL 32224**

2. Principal Place of Business

**Same 3759 Salt Meadow
Suite, Apt. #, etc.
CT South**

3. Mailing Address

**Same 3759 Salt
Suite, Apt. #, etc.
Meadow CT S**

City & State

Jacksonville FL

Zip
32224

Country
US

City & State

JACKSONVILLE FL

Zip
32224

Country

4. FEI Number

01-0588436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SISSON, LARRY
218 SOUTHERN COUNTRY LANE
QUINCY FL 32351**

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

Ray Bergermino

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-27-03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**RAY Bergermino
3759 Salt Meadow CT S
Jacksonville FL 32224**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Vice President
Kelly Kalkhof
3759 Salt Meadow CT S
Jacksonville FL 32224**

☐ Change

☒ Addition

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
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)(f), 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:

Ray Bergermino

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

Date

Daytime Phone #

1-27-03

904 821-0799

CR2E083 (10/02)