

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

**FILED**  
**Apr 07, 2003 8:00 am**  
**Secretary of State**

04-07-2003 90609 021 \*\*\*\*50.00

**DOCUMENT # L02000002074**



1. Entity Name  
**R STRONG, L.L.C.**

Principal Place of Business  
**37 COASTAL OAKS CIRCLE  
PONCE INLET FL 32127**

Mailing Address  
**37 COASTAL OAKS CIRCLE  
PONCE INLET FL 32127**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**04-360111**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**LAVELLE, ROBERT L  
37 COASTAL OAKS CIRCLE  
PONCE INLET FL 32127**

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 **MGRM**  Delete  
NAME **ROBERT, LAVELLE L**  
STREET ADDRESS **37 COASTAL OAKS CIRCLE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM**  Delete  
NAME **BARBARA, LAVELLE J**  
STREET ADDRESS **37 COASTAL OAKS CRICLE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM**  Delete  
NAME **HURD, MICHAEL J**  
STREET ADDRESS **4968 SOUTH PENINSULA DRIVE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM**  Delete  
NAME **HURD, ROBYN G**  
STREET ADDRESS **4968 SOUTH PENINSULA DRIVE**  
CITY-ST-ZIP **PONCE INLET FL 32127**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
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)(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: *Robert L Lavelle* **ROBERT L LAVELLE** 2/23/03 37631906  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)