

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

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

02-05-2003 90035 030 \*\*\*\*50.00

DOCUMENT # L02000003478

1. Entity Name

RBS ENTERPRISE LLC.



**DO NOT WRITE IN THIS SPACE**

20023518

2. Principal Place of Business

140 Nancy Lake

3. Mailing Address

140 Nancy Lake

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#309

#309

City & State

City & State

W.P.B., Florida

W.P.B., Florida

Zip

Country

Zip

Country

33411

U.S.A.

33411

U.S.A.

4. FEI Number

22-385-67-63

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Vangelson ISAAC

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

140 Nancy Lake #309

City W.P.B.

FL

Zip Code 33411

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

SIGNATURE

*[Signature]*

*[Signature]*

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President
NAME	RA2 Samuel-Lian
STREET ADDRESS	140 Nancy Lake #309
CITY-ST-ZIP	W.P.B., FL 33411
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

**DO NOT WRITE  
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:

*[Signature]* RA2 Samuel

2/4/03

(561) 452 2688

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

Date

Daytime Phone #

CR2E083B (12/02)