2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0200005274

1. Entity Name

RINO'S PANEVINO, LLC

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FILED May 06, 2003 8:00 am Secretary of State

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Zip Country Zip Country 5. Certificate of Status Desired 5.00 Additional Part Regulater of Agent 7. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address 7	Suite, Apt.	#, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
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GRAY, WILLIAM D C(O WD.G. & CO., INC. 1660 W. MCNAB ROAD FT. LAUDEROALE FI. 33309 City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City	Zip Country				Zip Country								
GRAY, WILLAM D C(O W.D.G. & CO., INC. 1860 W. MCNAB ROAD FT. LAUDERDALE FL. 33399 City FL C		6. Name	and Address of Curre	ent Reg	gistered Agent			7. Name a	nd Address of New F	Registered A	gent		
C/O W.D.G. & CO., INC. 1860 W. MCNAB ROAD FT. LAUDERDALE FL 33309 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 coligations of registered agent. SIGNATURE **THE NOW!!! FEE IS \$50.00 **Make Check Payable to Florida Department of State **Due by May 1, 2003 **THE NOW!!! FEE IS \$50.00 **Make Check Payable to Florida Department of State **Due by May 1, 2003 **THE NAME GRAY, WILLIAM D *	GR/	AY. WILLIAN	/ D			~ 	Name						
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or prived name of impatised agent and left it application.									1 2				
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FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS 10	SIGNATURE	Signature, typed	or printed name of registered as	ent and ti	ttle if applicable. (NOT	E: Registere	d Agent signature required	d when reinstating)		DATE			
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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 seceiver or trugtee empowered to execute this report as required by Chapter 608, Florida Statutes.	11. I hereby of indicated	pertify that the	e information supplied v	vith this	filing does not qualify for my signature shall have	the exe	mption stated in Se e legal effect as if n	ection 119.07(3)(i), Florida Statutes. ith; that I am a manag	I further certi	fy that the ir or manage	nformation or of the	

NG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #