

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 91433 021 \*\*\*\*50.00

DOCUMENT # **L02000005427**

1. Entity Name **RW TRUSTEE, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**2607 Vinedale Av**

3. Mailing Address  
**PO Box 6285**

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**VALRICO FL**

City & State  
**Brandon FL**

4. FEI Number  
**04-3664077**

Applied For  
Not Applicable

Zip  
**33594**

Country  
**USA**

Zip  
**33508-6005**

Country  
**USA**

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
**Richard G Wilson**

Street Address (P.O. Box Number is Not Acceptable)  
**2607 Vinedale Ave**

City  
**Valrico FL**

Zip Code  
**33594**

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

**30 Apr 03**  
DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS / MANAGERS

TITLE  
**(Sole Member) MGRM**  
NAME  
**Richard G Wilson**  
STREET ADDRESS  
**2607 Vinedale Ave**  
CITY-ST-ZIP  
**Valrico FL 33594**

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**DO NOT WRITE  
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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 608, Florida Statutes.

SIGNATURE:

**30 Apr 03 813-293-7424**

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

Date

Daytime Phone #

CR2E083B (12/02)