

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

05-12-2003 90087 023 ****50.00

DOCUMENT # L02000009051

1. Entity Name
RDG, LLC

Principal Place of Business
**120 SOUTH ANOKA AVE.
AVON PARK FL 33825
US**

Mailing Address
**120 SOUTH ANOKA AVE.
AVON PARK FL 33825
US**

2. Principal Place of Business
529 W MAIN STREET

3. Mailing Address
Suite, Apt. #, etc.

City & State
WAUCHULA FL

City & State
WAUCHULA FL

Zip
33873

Country
USA

4. FEI Number
01-0681090

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**DONALDSON, DEVON P
120 SOUTH ANOKA AVE.
AVON PARK FL 33825**

7. Name and Address of New Registered Agent
Name **DENNIS ROBERTS**
Street Address (P.O. Box Number is Not Acceptable)
529 WEST MAIN STREET
City **WAUCHULA FL** Zip Code **33873**

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]** DATE **6-3-03**

(NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	MANAGER DENNIS ROBERTS 529 W MAIN ST WAUCHULA FL 33873	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER - MANAGING DEBBIE ROBERTS 529 W MAIN ST WAUCHULA FL 33873	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER - MANAGING JIMMY WASHLEY 529 W MAIN ST WAUCHULA FL 33873	☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition

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]** **SIGNATURE REQUIRED** **Deborah J. Roberts** **6-5-03** **863-773-3771**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

44004300

☐ CHECK HERE IF MAKING CHANGES

CR2E083 (10/02)