

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 25, 2003 8:00 am
Secretary of State

07-25-2003 90065 006 ****50.00

DOCUMENT # L02000010470

1. Entity Name

R M G, LLC



Principal Place of Business

3287 QUAIL MEADOWS WAY
WEST PALM BEACH FL 33401

Mailing Address

8287 QUAIL MEADOWS WAY
WEST PALM BEACH FL 33401

90146422



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Ste 201
75 E. INDIAN TOWN RD

Suite, Apt. #, etc.

City & State

Jupiter FL

City & State

Zip

33477

Country

U.S.A.

Zip

Country

4. FEI Number

54-206-4795

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SLATE, GARY A
8287 QUAIL MEADOWS WAY
WEST PALM BEACH FL 33401

7. Name and Address of New Registered Agent

Name

SLATE GARY S

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

8287 Quail Meadows Way

City

West Palm Beach FL

Zip Code

33401

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)

7-22-03

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM
NAME SLATE, GARY A
STREET ADDRESS 8287 QUAIL MEADOWS WAY
CITY-ST-ZIP WEST PALM BEACH FL 33401

☐ Delete

TITLE MGRM
NAME SLATE, ROGER A
STREET ADDRESS 105 S. NARCISSUS AVE. SUITE 412
CITY-ST-ZIP WEST PALM BEACH FL 33401

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
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TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE MGRM
NAME SLATE, CAROL
STREET ADDRESS 105 S. NARCISSUS AVE SUITE 412
CITY-ST-ZIP WEST PALM BEACH FL 33401

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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STREET ADDRESS
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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ 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 REQUIRED

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

Date

Daytime Phone #

CR2E083 (4/03)