

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0023353 MB

**DOCUMENT #** L02000010830

**1. Entity Name**  
RODE ENTERPRISES, L.L.C.



**FILED**  
03 SEP 30 PM 3:58  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MJH**

**Principal Place of Business**  
1848 EAST COUNTY ROAD 30A. #12  
SANTA ROSA BEACH FL 32459

**Mailing Address**  
P.O. BOX 1612  
OWENSBORO KY 42302



**2. Principal Place of Business**  
1325 Western Lake Drive  
Suite, Apt. #, etc.

**3. Mailing Address**  
Same as above  
Suite, Apt. #, etc.

**City & State**  
Watercolor, FL

**City & State**

**Zip** 32459 **Country** US

**Zip** **Country**

**4. FEI Number**  
04-3658053

**Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
MCGILL, ROBERT E III  
36008 EMERALD COAST PARKWAY  
SUITE 301  
DESTIN FL 32541

**7. Name and Address of New Registered Agent**  
Name: Hunter Harman  
Street Address (P.O. Box Number is Not Acceptable): 1325 Western Lake Drive  
City: Watercolor FL Zip Code: 32459

**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** *Hunter Harman* **DATE** 9-24-03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**\$0.00** **FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 24, 2003**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manger J and P. Rode One Executive Blvd. #L-11 Owensboro, KY 42301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	500023417955 09/30/03--01023--007 **50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** *Hunter Harman* **SIGNATURE REQUIRED** **DATE** 9.25.03 **DAYTIME PHONE #** 8505987011

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

CR2E083 (4/03)