

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2003 8:00 am
Secretary of State

02-20-2003 90019 024 ****50.00

DOCUMENT # L02000015352

1. Entity Name

RIVERGATE, LLC



Principal Place of Business

**682 ST. ANDREWS PLACE
MANALAPAN NJ 07726**

Mailing Address

**682 ST. ANDREWS PLACE
MANALAPAN NJ 07726**

2. Principal Place of Business

3016 US HIGHWAY 301, N

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 700

City & State

TAMPA FLORIDA

City & State

Zip

33619

Country

USA

Zip

Country

4. FEI Number

01-0725014

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

**CAROTHERS, C. GRAHAM JR
101 EAST KENNEDY BLVD STE. 2800
TAMPA FL 33602**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Charles Aquino

(NOTE: Registered Agent signature required when reinstating)

DATE

02/17/03

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGRM
AQUINO, CHARLES
682 ST ANDREWS PLACE
MANALAPAN, NJ 07726**

☐ Delete

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10. ADDITIONS/CHANGES

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CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Charles Aquino

2/12/03 (732) 829 4374

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

Date

Daytime Phone #

CR2E083 (10/02)