

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

9/26/2003-90034-001-\$100.00-\$50.00

**DOCUMENT # L02000016165**

1. Entity Name  
**RAMD L.L.C.**



**FILED**

03 OCT 14 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**152 CONNERS AVE.  
NAPLES FL 34108**

Mailing Address  
**152 CONNERS AVE.  
NAPLES FL 34108**

2. Principal Place of Business  
**Same AS Above**

3. Mailing Address  
**Same AS Above**

City & State

Zip Country

4. FEI Number ☒ Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
**RIVERA, MICHAEL A  
152 CONNERS AVE.  
NAPLES FL 34108**

7. Name and Address of New Registered Agent  
Name: **Samuel F. Phillips**  
Street Address (P.O. Box Number is Not Acceptable):  
**152 conners Ave**  
City: **NAPLES** FL Zip Code: **34108**

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: **9-24-03**

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

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member MICHAEL A. RIVERA 152 CONNERS AVE NAPLES FL 34108</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member Samuel F. Phillips 152 conners Ave NAPLES FL 34108</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: *[Signature]* **SIGNATURE REQUIRED** DATE: **239-596-2255**

CR2E083 (4/03)