2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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DOCU 1. Entity Nam RNB, L.C.				04-29-20 03 HAY 14		012 ****5 20	0.00		
				TIES .	· .	SECRETAR			
Principal Place of Business		Mailing Address			 -	TALLAHASS	EE. FLO	RÌĐA	
10107 SOUTHERN BLVD.		10107 SOUTHERN BLVD.		ļ		IMEE MILIO		,	•
ROYAL PALM (BEACH FL 33411	ROYAL PALM BEACH FL 3	3411		l .	*		nain (CID) Billi B	ana nashani
2. Principal Place of Business		3. Mailing Address							
Suile, Apt. #, etc.		Suite, Apt.#, etc			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FE Nun	nber 3075	379	A	pplied For ot Applicable
Zip	Country	Zip	Country			ate of Status Desired		\$5.00 Ad	ditional
	6. Name and Address of Current F	Registered Agent			7. Name a	nd Address of New	Registered		
	HAN LAMOTHOT A POO		Name						
220	'LAN, LAWRENCE A ESQ D CORPORATE BLVD., STE. 304 CA RATON FL 33431		Street /	at Address (P.O. Box Number is Not Acceptable)					
			City				Fl	Zip Coo	le
	named entity submits this statement for ions of registered agent.	the purpose of changing its	registered office of	r registere	ed agent, or t	ooth, in the State of			and accept
SIGNATURE .									
Oldivalone .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE	: Registered Agent signs	ture required r	when reinstating)		DATE		
	ere filmen van de de		WIII FEE IS						
Make Check Payable to P					it-of-State				
			By May 1, 200	/3 		<u> </u>			
9,	MANAGING MEMBER		10.	000	- 5 =7	ADDITION	S/CHANGES	S Channe	Addition
TITLE Name	GIOVIA, SALVATORE	☐ Delete	TITLE NAME	No.	em Be	- MANA	W///U	Change	L_I Addition
STREET ADDRESS	2559 KITTBUCK WAY		STREET ADDRESS	6-10	VIA	SALVATO	RÉ		
CITY-ST-ZIP	WEST PALM BEACHH FL 33411		CITY-ST-ZIP	255	Kirr	BUCK WA	V WP	BA	3341/
TITLE	MGRM	☐ Delete	TITLE	VP	- 285	T	1, ,	Change	☐ Addition
NAME	GIOVIA, ROSE ANN	_ 50000	NAME		111	USE AN	٠,	- 100 011111111111111111111111111111111	
STREET ADDRESS	2559 KITTBUCK WAY		STREET ADDRESS	200		43C ///·		_	_
CITY-ST-ZIP	WEST PALM BEACHH FL 33411		CITY-ST-ZIP	X77	7 KM	TB4CK	WAY.	WPB	M334
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NAME			NAME	BIS	HEP .	TEFFRE	y		·
STREET ADORESS			STREET ADDRESS	176	00 An	UNAMBAL	5 G/L	•	
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZIP	<u> Z</u>	<u> </u>	MM BLACE	<u> ۲۸۲۰</u>	<u> 11485</u>	<u> </u>
TITLE		Delate	TITLE	av	D VP	i Membe	K	☐ Change	Addition
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CITY-ST-ZIP			CITY-ST-ZIP	176	O ANN	CHARLEN AUGALA C	IR.	14	
		☐ Delete			<u> </u>	We Beach	EC 3	☐ Change	☐ Addition
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STREET ADDRESS			STREET ADDRESS		-				
CITY-ST-ZIP			CITY-ST-ZIP	1					
TITLE		☐ Delete	TITLE	<u> </u>				☐ Change	Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS	Į					
CITY-ST-ZIP			CITY-ST-ZIP	ł					

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!). 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.

SIGNATUREX

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