

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90110 025 \*\*\*\*\*50.00

0038200

**DOCUMENT # L02000025804**

1. Entity Name

**R & L PROPERTIES, LLC**



Principal Place of Business

**3200 TAMIAMI TRAIL NORTH, SUITE 200  
NAPLES FL 34103**

Mailing Address

**3200 TAMIAMI TRAIL NORTH, SUITE 200  
NAPLES FL 34103**

2. Principal Place of Business

**4776 Radio Road  
Suite, Apt. #, etc.  
# 804**

3. Mailing Address

**4776 Radio Road  
Suite, Apt. #, etc.  
# 804**

City & State

**NAPLES FL**

City & State

**NAPLES FL**

Zip

**34104**

Country

**USA**

Zip

**34104**

Country

**USA**

4. FEI Number

**56-2297726**

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

**LADERMAN, CARRIE E  
3200 TAMIAMI TRAIL NORTH, SUITE 200  
NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name **LARRY R. PLOSKI**  
Street Address (P.O. Box Number is Not Acceptable) **4776 Radio Road #804**  
City **NAPLES** FL Zip Code **34104**

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

*Larry R. Ploski*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4-17-03**

DATE

**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	<b>MGRM Robert Ploski 4776 Radio Road, #804 Naples, FL 34104</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Larry Ploski 4776 Radio Road, #804 Naples, FL 34104</b>	<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		<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:

*Larry R. Ploski*

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

Date

**4-17-03**

Daytime Phone #

**239-825-7426**

CR2E083 (10/02)