LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *L02000029265*

1. Entity Name

RMG CAPITAL L.L.C

WLq/29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
14240 PASSAGE WAY

3. Mailing Address
PO BOX 8762

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State SEMINOLE FL

City & State SEMINOLE FL

4. FEI Number 54-2082621

Applied For

Not Applicable

Zip 33776 Country PINELLAS

Zip 33775 Country PINELLAS

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DEBORA L. SIMMONS

Street Address (P.O. Box Number is Not Acceptable) 14240 PASSAGE WAY

City SEMINOLE FL Zip Code 33776

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

DATE

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

900023316895.00
09/25/03--01012--003 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE MGR NAME DEBORA L. SIMMONS STREET ADDRESS 14240 PASSAGE WAY CITY-ST-ZIP SEMINOLE, FL 33776	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: Debora L. Simmons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #