

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 18, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90007 046 \*\*\*\*55.00

**DOCUMENT # L02000030819**

1. Entity Name  
**RYE ROAD, LLC**



Principal Place of Business  
**7419 39TH COURT EAST  
SARASOTA FL 34243**

Mailing Address  
**7419 39TH COURT EAST  
SARASOTA FL 34243**

2. Principal Place of Business  
**2212 58th Ave E**  
Suite, Apt. #, etc.

3. Mailing Address  
**2212 58th Ave E**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**Bradenton**  
Zip  
**FL**

Country  
**Manatee**

City & State  
**Bradenton**  
Zip  
**34203**

Country  
**Manatee**

4. FEI Number  
**45-0491326**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KNOWLES, TIMOTHY A  
1205 MANATEE AVE W.  
BRADENTON FL 34205**

**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

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

(NOTE: Registered Agent signature required when reinstating)

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  
**MANAGER  
CARLOS BECUTT  
2212 58th Ave E  
Bradenton FL 34203**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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

**Carlos Becutt 2/25/03 359-9000**

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

Date

Daytime Phone #

CR2E083 (10/02)