

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/28.
8/15.

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-15-2003 90055 016 *****5.00
04-28-2003 90999 010 *****50.00

DOCUMENT # L02000032088					
1. Entity Name RLM CONSULTING LLC					
Principal Place of Business 253 ROYAL COVE WAY DAVIE FL 33325 US			Mailing Address 253 ROYAL COVE WAY DAVIE FL 33325 US		
2. Principal Place of Business 253 Royal Cove Way Suite, Apt. #, etc. Davie, FL			3. Mailing Address 253 Royal Cove Way Suite, Apt. #, etc. Davie, FL		
City & State Davie, FL		City & State Davie, FL		4. FEI Number 03-0501999	
Zip 33325		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MENDEZ-ROSENDO 253 ROYAL COVE WAY DAVIE FL 33325			7. Name and Address of New Registered Agent Name: Rosendo Mendez Street Address (P.O. Box Number is Not Acceptable) 253 Royal Cove Way City: Davie FL Zip Code: 33325		
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	Director Rosendo Mendez 253 Royal Cove Way Davie, FL 33325	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	None	
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	
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	
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: _____ DATE: _____ Daytime Phone # _____					

Rosendo Mendez 8-25-03

CR2E083 (4/03)

Attachment

55055254
#L02000032088

Correction
Thank you