

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90214 045 \*\*\*\*50.00

DOCUMENT # LD4000051061

1. Entity Name Richmond Properties LLC.



**DO NOT WRITE IN THIS SPACE**

**20031706**

2. Principal Place of Business  
493 NW 36th Ave.

Suite, Apt. #, etc.

3. Mailing Address  
493 NW 36th Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Deerfield Bch, FL.

Zip  
33442

Country  
USA

City & State  
Deerfield Bch, FL.

Zip  
33442

Country  
U.S.A

4. FEI Number  
03-0546597

Applied For  
☒ Not Applicable

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 Robert Richmond

Street Address (P.O. Box Number is Not Acceptable)  
493 NW 36th Ave.

City Deerfield Bch.

FL

Zip Code  
33442

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

4-4-05

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
Richmond Properties LLC.  
Robert Richmond  
493 NW 36th Ave.  
Deerfield Bch, FL. 33442

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

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

4-4-05

Date

Daytime Phone #

CR2E083B (12/02)