

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000065025

Entity Name: RUB-ARK LLC

**FILED**  
**Mar 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8270-201 COLLEGE PARKWAY  
FORT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8270-201 COLLEGE PARKWAY  
FORT MYERS, FL 33919

**New Mailing Address:**

FEI Number: 20-5112523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RUBENSTEIN, MICHAEL R  
8270-201 COLLEGE PARKWAY  
FORT MYERS, FL 33919 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MICHAEL R RUBENSTEIN REVOCABLE TRUST  
Address: 8270-201 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: RUBENSTEIN, LYNDIA  
Address: 8270-201 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

Title: MGR  
Name: ARKIN FAMILY REVOCABLE TRUST  
Address: 8270-201 COLLEGE PARKWAY  
City-St-Zip: FORT MYERS, FL 33919

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MICHAEL R RUBENSTEIN

MGR

03/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date