

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 09, 2001 08:00 AM****Secretary of State****DOCUMENT # L95000000410**1. Entity Name
RCT CAPITAL VENTURES, L.C.

Principal Place of Business 2104 MAGDALENE MANOR DR TAMPA FL 33613	Mailing Address 2104 MAGDALENE MANOR DR TAMPA FL 33613
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2. Principal Place of Business THE KRESS BUILDING, SUITE M-8 Suite, Apt. #, etc. 475 CENTRAL AVENUE City & State ST. PETERSBURG FL	3. Mailing Address C/O ERNEST L. MASCARA, P.A. Suite, Apt. #, etc. 475 CENTRAL AVENUE, SUITE M-8 City & State ST. PETERSBURG FL
Zip 33701	Country US

4. FEI Number
59-3333294
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent TRIGG ROBERT C 2104 MAGDALENE MANOR DR. TAMPA FL 33613 US	7. Name and Address of New Registered Agent Name MASCARA ERNEST L Street Address (P.O. Box Number is Not Acceptable) THE KRESS BUILDING, SUITE M-8 475 CENTRAL AVENUE City ST. PETERSBURG FL Zip Code 33701
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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.

SIGNATURE ERNEST L. MASCARA 03/09/2001
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 Department of State

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIGG ROBERT C 2104 MAGDALENE MANOR DR TAMPA FL 33613 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TRIGG RYAN C 3 WAUKEGAN ROAD GLENVIEW IL 60025 <input checked="" 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
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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: RYAN C. TRIGG MGR 03/09/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)