

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

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90124 035 \*\*\*\*50.00

DOCUMENT # L96000001028

1. Entity Name

Rod & Reel Motel, L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

877 North Shore Drive

Suite, Apt. #, etc.

3. Mailing Address

713 Key Royale Dr.

Suite, Apt. #, etc.

City & State

Anna Maria, Florida

City & State

Holmes Beach, Florida

4. FFI Number

65-0697351

Applied For

Not Applicable

Zip

Country

34216

Manatee

Zip

Country

34217

Manatee

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Margaret Shoaf, CPA

Street Address (P.O. Box Number is Not Acceptable)

2100 S. Tamiami Trail, #200

City

Sarasota

FL

Zip Code  
34239

**DO NOT WRITE  
IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
Mario Schoenfelder  
713 Key Royale Dr.  
Holmes Beach, FL 34217

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MGRM  
Christiane Schoenfelder  
713 Key Royale Dr.  
Holmes Beach, FL 34217

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

Date

Daytime Phone #

CR2E083B (12/01)

04/26/02 (941) 778-8661