5/22

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State
05-22-2002 90213 014 ****55.00

DOCUMENT # L97000001023

1. Entity Name
RYMA, L.C.

Principal Place of Business	Mailing Address
1901 ULMERTON ROAD, SUITE 700 CLEARWATER FL 33762	1901 ULMERTON ROAD, SUITE 700 CLEARWATER FL 33762

[redacted]

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3469551 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ROWE, JAMES C ESQ.
C/O RIDEN, EARLE & KIEFNER, P.A.
100 2ND AVENUE SOUTH - STE. 400-N
ST. PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Charlie Carlson CHARLES A. CARLSON, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
Barnett, Bolt, Kirkwood & Long
601 Bayshore Blvd., Ste. 700
City Tampa FL Zip Code 33606

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 Angela Mordt CMC 7-15-02
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 MARKEL, GARY L 9700 - 9TH STREET NORTH - STE. 400 ST. PETERSBURG FL 33702 ☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORTH, ANGELA 1901 ULMERTON ROAD, SUTE 700 CLEARWATER FL 33762 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MARKEL, GARY L 1901 ULMERTON ROAD, SUTE 700 CLEARWATER FL 33762 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Angela Mordt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #