

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90199 042 ****50.00

DOCUMENT # L98000000009

1. Entity Name
DOUBLE RL ENTERPRISES, L.C.



Principal Place of Business
**1499 SW 30TH AVE., SUITE 5
BOYNTON BEACH FL 33426**

Mailing Address
**1499 SW 30TH AVE., SUITE 5
BOYNTON BEACH FL 33426**

20001801



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite 5
City & State

Suite, Apt. #, etc.
Suite 5
City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0800923**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALASHINAS, KIMBERLY M
1499 SW 30TH AVE., SUITE 3
BOYNTON BEACH FL 33426**

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite 5
City **FL** Zip Code **33426**

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, 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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALASHINAS, ROBERT L
1499 SW 30TH AVE., SUITE 3
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1499 SW 30th Ave, Suite 5 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
VALASHINAS, KIMBERLY M
1499 SW 30TH AVE., SUITE 3
BOYNTON BEACH FL 33426** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1499 SW 30th Ave, Suite 5 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MURPHY, ROBERT J JR
DELRAY DUNES COUNTRY CLUB
BOYNTON BEACH FL 33436** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1499 SW 30th Ave, Suite 5
Boynton Beach, FL 33426** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-2-3 **561 3649100**
Date Daytime Phone #

CR2E083 (10/02)