

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

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90087 017 ****50.00

DOCUMENT # L98000001231

1. Entity Name

RIDGEFIELD DEVELOPMENT, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

C/O ROSEMARY PELLEGRINO

Suite, Apt. #, etc.

23 SUNSWEPT DRIVE

City & State

NEW FAIRFIELD, CT

Zip

06812

Country

US

3. Mailing Address

C/O ROSEMARY PELLEGRINO

Suite, Apt. #, etc.

23 SUNSWEPT DRIVE

City & State

FAIRFIELD, CT

Zip

06812

Country

US

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0852454

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

CLASP Inc.

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

3001 Tamiami Trail North

Naples, FL 34103

City

Naples

FL

Zip Code

34103

**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.

CLASP, Inc.

SIGNATURE By: 

Joel H. Schechter, President

2-07-02

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
PELEGRINO, ANTHONY
23 SUNSWEPT DRIVE
NEW FAIRFIELD CT 06812

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MGRM
PELEGRINO, ROSEMARY
23 SUNSWEPT DRIVE
NEW FAIRFIELD CT 06812

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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.

Rosemary Pellegrino, MM

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

203-746-4202

Date

Daytime Phone #

CR2E083B (12/01)