

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

FILED
Mar 21, 2003 8:00 am
Secretary of State

03-21-2003 90029 023 ****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

NEW 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

City
Naples

FL

Zip Code
34103

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 Schechter, President

3.10.03

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
PELLEGRINO, ANTHONY
23 SUNSWEPT DRIVE
NEW FAIRFIELD, CT 06812

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
PELLEGRINO, ROSEMARY
23 SUNSWEPT DRIVE
NEW FAIRFIELD, CT 06812

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**DO NOT WRITE
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)(f), 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

Date

Daytime Phone #

3/14/03 203.746.4202

CR2E083B (12/01)