

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 21 AM 11:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000002402

1. Entity Name

R.C.M. CREATIONS, LLC

Principal Place of Business

Mailing Address

18705 BISCAYNE BLVD
BOOTH #4
AVENTURA FL 33180

P.O. BOX 15278
PLANTATION, FL 33318

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

39-1944034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

MIM

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLOUGH, PAUL V
1860 N PINE ISLAND ROAD
SUITE 104
PLANTATION, FL 33322

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME KLEIN, LOUIS
STREET ADDRESS P.O. BOX 15278
CITY - ST - ZIP PLANTATION, FL 33318

TITLE MGRM
NAME KLEIN, ANNA
STREET ADDRESS P.O. BOX 15278
CITY - ST - ZIP PLANTATION, FL 33318

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #