

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000002283

1. Entity Name

R.D.L. CONSULTING & DESIGN, L.L.C.

FILED

00 JAN 12 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

5945 NW 97TH DRIVE
PARKLAND FL 33076

Mailing Address

5945 NW 97TH DRIVE
PARKLAND FL 33067-4241



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3621 TURTLE RUN BLVD

Suite, Apt. #, etc.

APT #1022

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

3. Mailing Address

3621 TURTLE RUN BLVD

Suite, Apt. #, etc.

APT #1022

City & State

CORAL SPRINGS, FL

Zip

33067

Country

BROWARD

4. FEI Number

65-0909512

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEONARD, CAROL E
5945 NW 97TH DRIVE
PARKLAND FL 33076

7. Name and Address of New Registered Agent

Name

SAME

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

3621 TURTLE RUN BLVD

APT #1022

City

CORAL SPRINGS,

FL

Zip Code

33067

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

Carol E. Leonard
Signature, typed or printed name of registered agent and title if applicable

CAROL E. LEONARD

(NOTE: Registered Agent signature required when reinstating)

JAN 6 2000

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	LEONARD, CAROL E	
STREET ADDRESS	5945 NW 97TH DRIVE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	LEONARD, RICHARD D	
STREET ADDRESS	5945 NW 97TH DRIVE	
CITY-ST-ZIP	PARKLAND FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3621 TURTLE RUN BLVD, APT #1022	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3621 TURTLE RUN BLVD, APT #1022	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

100003104171--7

-01/20/00--01037-029 Addition

*****50.00 *****50.00

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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 #

CR2E083 (9/99)