

2001 UNIFORM BUSINESS REPORT (UBR)

000782 AF

DOCUMENT # L99000002283

1. Entity Name

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

FILED

01 FEB 14 PM 4:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3621 TURTLE RUN BLVD., APT #1022
CORAL SPRINGS FL 33067

Mailing Address

3621 TURTLE RUN BLVD., APT #1022
CORAL SPRINGS FL 33067

2. Principal Place of Business

6718 GARDE ROAD

3. Mailing Address

6718 GARDE ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH, FL

City & State

BOYNTON BEACH, FL

4. FEI Number

65-0909512

Applied For

Not Applicable

Zip

33437

Country

USA

Zip

33437

Country

USA

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

6. Name and Address of Current Registered Agent

LEONARD, CAROL E

3621 TURTLE RUN BLVD., APT #1022
CORAL SPRINGS FL 33067

7. Name and Address of New Registered Agent

Name

SAME

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

6718 GARDE ROAD

City

BOYNTON BEACH FL

Zip Code

33437

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/MEMBERS

TITLE MGR
NAME LEONARD, CAROL E
STREET ADDRESS 3621 TURTLE RUN BLVD., APT #1022
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE MGR
NAME LEONARD, RICHARD D
STREET ADDRESS 3621 TURTLE RUN BLVD., APT #1022
CITY-ST-ZIP CORAL SPRINGS FL 33067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS 6718 GARDE ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS 6718 GARDE ROAD
CITY-ST-ZIP BOYNTON BEACH, FL 33437

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE.

Date

Daytime Phone #

2/10/01

561-736-6166

CR2E083 (11/00)