

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2003 8:00 am
Secretary of State

04-04-2003 90004 041 *****50.00

0061800

DOCUMENT # L99000002440

1. Entity Name
ROCK AND BLOCK, L.L.C.



Principal Place of Business

**3530 METRO PARKWAY
UNIT 200
FORT MYERS FL 33916**

Mailing Address

**3530 METRO PARKWAY
UNIT 200
FORT MYERS FL 33916**

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 **65-0915773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6.- Name and Address of Current Registered Agent

**JAKUBOWSKI, CHERYL
12334 OAK BROOK COURT
FORT MYERS FL 33908**

7.- Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
STILES, SUSAN
6628 THE MASTERS AVENUE
BRADENTON FL 34202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STILES, SUSAN
786 REGENCY RESERVE CIRCLE
NAPLES, FL. 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
MYERS, SUSAN
601 SUNSHINE LAKES DRIVE
FORT MYERS FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MYERS, SUSAN
7811 ESTRELA COURT
NAPLES, FL 34119** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
JAKUBOWSKI, CHERYL
12334 OAK BROOK COURT
FORT MYERS FL 33908** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**JAKUBOWSKI, CHERYL
22920 N. RIVER RD.
ALVA, FL. 33920** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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: Robert Stein, Manager **3-20-03** **1-239-332-5101**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)