

FILED
103 JUN 16 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000004238			
1. Entity Name RB SITGO, LLC			
Principal Place of Business 11911 U.S. HIGHWAY ONE, STE 201 NORTH PALM BEACH, FL 33408 1201 BROADWAY RIVIERA BEACH, FL 33404		Mailing Address 11911 U.S. HIGHWAY ONE, STE 201 NORTH PALM BEACH, FL 33408 SAME	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. Name and Address of Current Registered Agent COOK, ROBERT B 11911 U.S. HWY ONE STE 201 NORTH PALM BEACH, FL 33408 1201 BROADWAY RIVIERA BEACH, FL 33404		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
6. 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 _____ DATE _____ Signature, typed in printed name of registered agent and date of signature. (NOTE: Registered Agent's signature must be in cursive)			
FILE NOW IN THE \$50.00 FEE CHARGE SYSTEM OF THE FLORIDA DEPARTMENT OF STATE (DUNDY MAY 1, 2003)			
B. MANAGING MEMBERS/MANAGERS			
TITLE	NAME	TITLE	NAME
NAME	SILVER STREAK, LTD	NAME	
STREET ADDRESS	11911 U.S. HWY ONE SUITE 201	STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	MGRM HASAN, MUHAMMAD S	NAME	
STREET ADDRESS	4383 WILLOW POND CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	MGRM HUSSAIN, CHOWDHURY F	NAME	
STREET ADDRESS	6062 WILLOW POND ROAD WEST	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	MGRM PAROON, SARKER	NAME	
STREET ADDRESS	6676 BOYNTON PLACE CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME	MGRM JAMALUDDIN, MOHAMMED	NAME	
STREET ADDRESS	1960 N CONGRESS AVE APT J-211	STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH, FL	CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 519.07(3)(X), 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 508, Florida Statutes.			
SIGNATURE: MuHAMMAD HASAN 4/27/03 SIGNATURE IN TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

Chg0303 (10/02)