

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

DOCUMENT # L99000005610

1. Entity Name

RRG MANAGEMENT & OPERATING CO., LLC



FILED

03 MAR 12 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
10832 NW 65TH WAY

Suite, Apt. #, etc.

3. Mailing Address  
504 TURKEY CREEK

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
ALACHUA, FL

City & State  
ALACHUA, FL

4. FEI Number 650952583

Applied For  
Not Applicable

Zip  
32615

Country  
USA

Zip  
32615

Country  
USA

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

**7. Name and Address of Current Registered Agent**

Name JENNIFER C. FINCH

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

10832 NW 65TH WAY

City ALACHUA

FL

Zip Code  
32615

**DO NOT WRITE  
IN THIS SPACE**

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.

JENNIFER C. FINCH

01/04/03

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

MGR, LUIS A. MEDINA  
43 BARRACK ROAD, 2ND FLOOR  
BELIZE CITY, BELIZE

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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

LUIS A. MEDINA, MGR

1/18/03

501-223-3544

Date

Daytime Phone #

CR2E083B (12/02)