

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

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90318 003 \*\*\*\*50.00

**DOCUMENT # L99000007007**

1. Entity Name  
**RAMLICO, LLC**



Principal Place of Business

**803 LAKE VISTA CT.  
NAPLES FL 34108**

Mailing Address

**803 LAKE VISTA CT.  
NAPLES FL 34108**

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 **59-3616967**

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

**HEUERMANN, PAUL K ESQ.  
C/O ROETZEL & ANDRESS  
850 PARK SHORE DRIVE, THIRD FLOOR  
NAPLES FL 34103**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
<b>MGR MOYER, ROBERT A JR. 803 LAKE VISTA CT. NAPLES FL 34108</b>		
<b>MEM CLARK, JOHN W 1005 MOEGLING ASHLAND KY 41101</b>		
<b>MEM LOPEZ, JEFFREY P 1304 BATH AVENUE ASHLAND KY 41101</b>		

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE**

Date

Daytime Phone #

CR2E083 (10/02)