

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JUL 20 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007617

1. Entity Name

RONATAS COMPUTERS SOLUTIONS, L.C.

Principal Place of Business  
5109 DEL PRADO BLVD  
CAPE CORAL FL 33904

Mailing Address  
5109 DEL PRADO BLVD  
CAPE CORAL FL 33904

2. Principal Place of Business  
306 SE 8TH PLACE

3. Mailing Address  
306 SE 8TH PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
CAPE CORAL FL

City & State  
CAPE CORAL FL

4. FEI Number

65-0967455

Applied For

Not Applicable

Zip  
33990

Country  
USA

Zip  
33990

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
ERICK BECK

Street Address (P.O. Box Number is Not Acceptable)  
4523 DEL PRADO BLVD

City  
CAPE CORAL

FL

Zip Code  
33904

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.

ERICK BECK

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/00

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

500003335695--  
-07/25/00--01086--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D, P, S, T  
ROBERT FAZYL AU MGR  
306 SE 8TH PLACE  
CAPE CORAL FL 33990

☐ Delete

TITLE  
NAME  
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CITY - ST - ZIP  
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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 OR MANAGER

Date

Daytime Phone #