

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

0012621

DOCUMENT # L99000007912

1. Entity Name

R W L 6, L.L.C.

03-07-2002 90039 004 *****50.00

Principal Place of Business

**629 IDLEWYLD DRIVE
FORT LAUDERDALE FL 33301**

Mailing Address

**629 IDLEWYLD DRIVE
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

**C/O STEVEN FULLER, CPA
ADAIR, FULLER, WITCHER & MALCOM, P.A.
100 WEST CYPRESS CREEK ROAD, SUITE 1045
FORT LAUDERDALE FL 33309-2115**



DO NOT WRITE IN THIS SPACE

1. FEI Number

65-0963436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LOVERN, ROBERT W
629 IDLEWYLD DRIVE
FORT LAUDERDALE FL 33301**

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.

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 Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOVERN, ROBERT W
629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
LOVERN, SALLY P
629 IDLEWYLD DRIVE
FT. LAUDERDALE FL 33301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
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 of the entity 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 #

1-8-02

954 914 8932

CR2E083 (9/01)