2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 MAY -1 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008178

1. Entity Name
RAM MARKETING GROUP, LLC

Principal Place of Business
1829 UPPER COVE TERRACE
SARASOTA FL 34231

Mailing Address
1829 UPPER COVE TERRACE
SARASOTA FL 34231-5437

2. Principal Place of Business: 1829 Upper Cove Terrace
Suite, Apt. #, etc.
City & State: Sarasota FL
Zip: 34231 Country: Sarasota

3. Mailing Address: 1829 Upper Cove Terr
Suite, Apt. #, etc.
City & State: Sarasota FL.
Zip: 34231 Country: Sarasota

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3610856 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MOORE, NORMAN
1829 UPPER COVE TERRACE
SARASOTA FL 34231

7. Name and Address of New Registered Agent
Name: Norman Moore
Street Address (P.O. Box Number is Not Acceptable): 1829 Upper Cove Tr
City: Sarasota FL Zip Code: 34231

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: N/A
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) N/A DATE

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

100003264051--7
-05/23/00--01108--004
*****55.00 *****55.00

9. MANAGING MEMBERS / MEMBERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
MGRM MOORE, NORMAN 1829 UPPER COVE TERRACE SARASOTA FL 34231	
MGRM MOORE, JOAN 1829 UPPER COVE TERRACE SARASOTA FL 34231	

10. ADDITIONS / CHANGES

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

CR2E083 (9/9)

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: Norman Moore SIGNATURE REQUIRED NORMAN MOORE 2/03/00 941-927-7127
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #