

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90081 013 *****50.00

DOCUMENT # L99000008448

1. Entity Name

RVM PROMOTIONS, L.L.C.



Principal Place of Business

**2900 GATEWAY DR
POMPAHO BEACH FL 33069**

Mailing Address

**2900 GATEWAY DR
POMPAHO BEACH FL 33069**

2. Principal Place of Business

550 FAIRWAY DR.

Suite, Apt. #, etc.

#107

3. Mailing Address

550 FAIRWAY DR.

Suite, Apt. #, etc.

#107

City & State

DEERFIELD BEACH, FL

City & State

DEERFIELD BEACH, FL

Zip

33441

Country

USA

Zip

33441

Country

USA

4. FEI Number

65-0965596

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

**SAMUELS, LEONARD K
BERGER SINGMAN, PA
350 EAST LAS OLAS BLVD STE 1000
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

PAMELA GELET

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

550 FAIRWAY DR.

#107

City

DEERFIELD BEACH

FL

Zip Code

33441

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

PAMELA GELET

(NOTE: Registered Agent signature required when reinstating)

DATE

4-24-03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **SHEEHAN, KEVIN**
STREET ADDRESS **2900 GATEWAY DRIVE**
CITY-ST-ZIP **POMPAHO BEACH FL 33069**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **550 FAIRWAY DR. #107**
CITY-ST-ZIP **DEERFIELD BEACH, FL 33441**

TITLE ☐ Change ☒ Addition
NAME **MGR**
STREET ADDRESS **PAMELA GELET**
CITY-ST-ZIP **550 FAIRWAY DR. #107
DEERFIELD BEACH FL 33441**

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

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

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

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

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 609, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-24-03 954419-1712

CR2E083 (10/02)