

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 APR 23 AM 9:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

L99000008803

1. Entity Name

R.E.COMII, LLC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

13014 N. DALE MARY HWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

SUITE 356

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

4. FEI Number

59-3624644

Applied For

Not Applicable

Zip

33618

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

Mnm

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

GEORGE TONY HODGES

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

905 SHARP WATER WAY

City

LUTZ

FL

Zip Code

33549

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

300003245323--2
-05/09/00--01113--014
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
MANAGER
A.G. RAPAPORT
13014 N. DALE MARY SUITE 356
TAMPA, FL 33618

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

A.G. RAPAPORT

4-18-00

813-269-0899 X103

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (11/99)