

2001 UNIFORM BUSINESS REPORT (UBR)

0031428 AF

DOCUMENT # M00000000069

1. Entity Name
RUDD APOPKA, LLC

FILED

01 MAY -3 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
607 S. ST. HELENA HIGHWAY
ST. HELENA CA 94574

Mailing Address
607 S. ST. HELENA HIGHWAY
ST. HELENA CA 94574



2. Principal Place of Business
1432 MAIN Street

Mailing Address
P.O. Box 170

Suite, Apt. #, etc.
Suite A

Suite, Apt. #, etc.

City & State
ST. HELENA, CA

City & State
Rutherford, CA

Zip
94574

Country
USA

Zip
94573

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

APPLIED FOR
APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEWIS, HAROLD L
2 SOUTH BISCAYNE BLVD., STE. 2400
MIAMI FL 33131

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

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-05/25/01--01065--021
*****55.00 *****55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
RUDD, LESLIE G
607 S. ST. HELENA HIGHWAY
ST. HELENA CA 94574

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Rudd, Leslie G.
1432 S. ST. HELENA MAIN STREET
ST. HELENA, CA 94574

☒ Change ☐ Addition

TITLE
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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: *Leslie G. Rudd*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/31/01 (707)967-0461
Date Daytime Phone #

CR2E083 (11/00)