

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 18, 2003 8:00 am**  
**Secretary of State**

02-18-2003 90323 044 \*\*\*\*50.00

**DOCUMENT # M00000002097**

1. Entity Name

REON, L.L.C.



Principal Place of Business

7701 WOODBINE LANE  
WAUSAU WI 54401

Mailing Address

7701 WOODBINE LANE  
WAUSAU WI 54401

2. Principal Place of Business

2412 E. CAMINO PELICANO

3. Mailing Address

2412 E. CAMINO PELICANO

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM SPRINGS, CA

City & State

PALM SPRINGS, CA

Zip

92262

Country

USA

Zip

92262

Country

USA

4. FEI Number

39-1999873

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE: MGR  
NAME: O'NEILL, ROBERT ESTILL  
STREET ADDRESS: 7701 WOODBINE LANE  
CITY-ST-ZIP: WAUSAU WI 54401 ☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
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CITY-ST-ZIP:   
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10. ADDITIONS/CHANGES

TITLE: MGR  
NAME: O'NEILL, ROBERT ESTILL  
STREET ADDRESS: 2412 E. CAMINO PELICANO  
CITY-ST-ZIP: PALM SPRINGS, CA 92262 ☒ Change ☐ Addition

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
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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:

Robert Estill O'Neill

Date

Daytime Phone #

1/28/03 760-318-2571

CR2E083 (10/02)