

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 24, 2003 8:00 am**  
**Secretary of State**

02-24-2003 90057 009 \*\*\*\*50.00

DOCUMENT # M02000003250

1. Entity Name

RFW HOSPITALITY, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

101 N. MAIN St

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

BERRIEN Springs, MI

City & State

Zip

49103

Country

BERRIEN

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

LexisNexis Document Solutions

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

3953 W. W. Kelly Road

City

Tallahassee

FL

Zip Code

32311

**DO NOT WRITE  
IN THIS SPACE**

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.

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME Ronald F. Westman  
STREET ADDRESS 101 N MAIN Street  
CITY-ST-ZIP BERRIEN Springs MI 49103

TITLE MGR  
NAME Pauline M. Westman  
STREET ADDRESS 101 N MAIN Street  
CITY-ST-ZIP BERRIEN Springs MI 49103

TITLE MGR  
NAME Don L. Wilson  
STREET ADDRESS 54892 Sunset Dr  
CITY-ST-ZIP Dowagiac MI 49047

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CR2E083B (12/02)

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: Don L. Wilson, Mgr DON L. Wilson

2/19/03

(269)473-1221

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

Date

Daytime Phone #