

# 2001 UNIFORM BUSINESS REPORT (UBR)

0028394 AF

DOCUMENT # M95000000091

1. Entity Name  
THE RT GROUP, LLC., L.C.

FILED

01 APR 23 PM 5:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
6330 WEST 24TH COURT, #108  
MIAMI LAKES FL 33016

Mailing Address  
1303 AVOCADO AVENUE  
SUITE 265  
NEWPORT BEACH CA 92660

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0567046

Applied For  
☒ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUJILLO, ROLANDO JR  
6330 WEST 24TH COURT, #108  
MIAMI LAKES FL 33016

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MEM  
NAME TRUJILLO, ROLANDO JR  
STREET ADDRESS 6330 W. 24TH COURT #108  
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

300004134573--4  
-05/03/01--01125--003  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE MEM  
NAME TRUJILLO, ROLANDO SR  
STREET ADDRESS 6330 W. 24TH COURT #108  
CITY-ST-ZIP MIAMI LAKES FL 33016

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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 608, Florida Statutes.

SIGNATURE:

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

Date

Daytime Phone #

ROLANDO TRUJILLO, JR., MEMBER 4/17/01 (305) 828-9136

CR2E083 (11/00)