

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

06-02-2003 90081 042 ****50.00

DOCUMENT # L00000007902



1. Entity Name
SUCCESS DIMENSIONS, LLC

Principal Place of Business Mailing Address
245 DEER CREEK BLVD., SUITE 1007 **245 DEER CREEK BLVD., SUITE 1007**
DEERFIELD BEACH FL 33442 **DEERFIELD BEACH FL 33442**

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **-65-1022728-** Applied For
Not Applicable
5. Certificate of Status Desired \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
HAMMAR, SANDRA L Name
245 DEER CREEK BLVD., SUITE 1007 Street Address (P.O. Box Number is Not Acceptable)
DEERFIELD BEACH FL 33442 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 _____ (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		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAMMAR, SANDRA L 245 DEER CREEK BLVD., SUITE 1007 DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Sandra L Hammar Date: 5/30/03 Daytime Phone #: 954-429-0761

CR2E083 (10/02)