

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90232 026 ****50.00

DOCUMENT # L01000021254

1. Entity Name

CANDY CRUNCHERS LLC

DO NOT WRITE IN THIS SPACE

966074

2. Principal Place of Business

1719 Laird

3. Mailing Address

1719 Laird St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Key West, FL

City & State

Key West, FL

4. FEI Number

65-1157755

Applied For

Not Applicable

Zip

33040

Country

Zip

33040

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporate Creations

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

941 4th St.

City

Miami Beach

FL

Zip Code

33139

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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.

SIGNATURE

Kim McFar President

5/8/02

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

President
Kim McFar
1719 Laird St
Key West, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Secretary
Pat McFar
1719 Laird St
Key West, FL 33040

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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:

Kim McFar

5/8/02

305292-6297

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

Date

Daytime Phone #

CR2E083B (12/01)

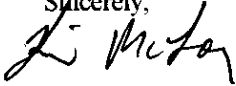
Attachment
966074

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To whom it may concern,

Enclosed is the Uniform Report. I believed that my Registered Agent was responsible for this report being filled however when I called to confirm that they had performed this task they had not. I no longer am paying this company to be my registered agent and ask you to please forgive the lateness of this report.

Sincerely,



Kim McLay
305-726-6071