**FILED**
**Jul 10, 2003 8:00 am**
**Secretary of State**
05-15-2003 90014 002 ****50.00

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/15

DOCUMENT # L99000007351

1. Entity Name

VILLAGE THREADS, L.L.C.

DO NOT WRITE IN THIS SPACE

-55050744

[redacted]

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number | Applied For / Not Applicable |
|---|---|---|---|
| 16605 Cu. Snow circle<br>Suite, Apt. #, etc. | Suite, Apt. #, etc. | 59-3605958 | |
| City & State: Tampa FL | City & State | | |
| Zip: 33606 Country: USA | Zip / Country | 5. Certificate of Status Desired ☐ $5.00 Additional Fee Required | |

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7. Name and Address of Current Registered Agent

Name: Scott Swope

Street Address (P.O. Box Number is Not Acceptable): #2555 Countryside Blvd

City: Countryside FL Zip Code: 33765

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] DATE: 4/28/03

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

FEE IS $50.00
Make Check Payable to: Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

| | |
|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President Melissa Purcell 1638 Key Haven Ct. Tampa FL 33604 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Beth Purcell 1012 N. Osceola Ave Clearwater FL 33671 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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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: [signature] 5/13/03 (813) 250-1510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #