

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90002 026 \*\*\*\*50.00

**DOCUMENT # L00000012486**

1. Entity Name

SEASONALIMPORTS.COM, L.L.C.



Principal Place of Business

5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE FL 32256

Mailing Address

PO BOX 551260  
JACKSONVILLE FL 32255

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 **59-3678012**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SCHNEIDER, MICHAEL N  
5150 BELFORT ROAD, BUILDING 100  
JACKSONVILLE FL 32256

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **M** ☐ Delete  
NAME **ZIMMERMAN, MORRIE**  
STREET ADDRESS **6871 BELFORT-OAKS PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **M** ☐ Delete  
NAME **ZIMMERMAN, SEEMAN**  
STREET ADDRESS **6871 BELFORT-OAKS PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **M** ☐ Delete  
NAME **ZIMMERMAN, CHARLES**  
STREET ADDRESS **6871 BELFORT-OAKS PLACE**  
CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **M** ☐ Delete  
NAME **RODBELL, KIM**  
STREET ADDRESS **1721 FLAGLER AVENUE**  
CITY-ST-ZIP **ATLANTA GA 30309**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Zimmerman, Morrie**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Zimmerman, Seeman**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Zimmerman, Charles**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **MGRM** ☒ Change ☐ Addition  
NAME **Rodbell, Kim**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

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

**2/19/03 (904)332-9006**  
Date Daytime Phone #

CR2E083 (10/02)