

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90107 047 ***150.00

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

DOCUMENT # L02000025319

1. Entity Name
MONA LISA HOLDING, LLC



Principal Place of Business
1100 A & B CELEBRATION AVE.
CELEBRATION, FL 34747

Mailing Address
1100 A & B CELEBRATION AVE.
CELEBRATION, FL 34747

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
30-0117853

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

COOPER, GLENN M
5201 BLUE LAGOON DRIVE, SUITE 100
MIAMI, FL 33126

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.

Glenn M. Cooper, Esq.

(NOTE: Registered Agent's signature required when resigning)

04/09/03
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition
		P Bernard Guillem 1100 A & B Celebration Avenue Celebration, FL 34747	
		VP Rosalia Sorce 1100 A & B Celebration Avenue Celebration, FL 34747	
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ Addition
			☐ Change ☐ 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:

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

Bernard Guillem, President 04/16/03 (321)9391181

Date

Daytime Phone #

CR2E083 (10/02)