

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000063

1. Entity Name  
KNIGHTSBRIDGE DESIGNS, LLC

FILED

01 APR 26 PM 5:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
820 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401

Mailing Address  
820 SOUTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
6001 Georgia Ave  
Suite, Apt. #, etc.  
Suite 4D

3. Mailing Address  
6001 Georgia Ave  
Suite, Apt. #, etc.  
Suite 4D

City & State  
West Palm Bch, FL

City & State  
WPB, FL

4. FEI Number  
65-0979960

Applied For  
Not Applicable

Zip Country  
33405 USA

Zip Country  
33405 USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

## 6. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.  
777 SOUTH FLAGLER DRIVE, SUITE 500E  
WEST PALM BEACH FL 33401

## 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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

## 9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLLIVER, REBECCA 820 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600004164096--6 -05/09/01--01015--002 *****50.00 *****50.00
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"/> Change <input type="checkbox"/> Addition
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"/> 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: Rebecca Tolliver

4/12/01 564-588-6111

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

Date Daytime Phone #

CR2E083 (11/00)