

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 18, 2002 8:00 am
Secretary of State

09-18-2002 90055 022 ****50.00

DOCUMENT # L00000000819

1. Entity Name
GIRL DEPOT, L.L.C.

Principal Place of Business Mailing Address
2601 EAST OAKLAND PARK BLVD. SUITE 501 **2601 EAST OAKLAND PARK BLVD. SUITE 501**
FORT LAUDERDALE FL 33306 **FORT LAUDERDALE FL 33306**

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 **APPLIED FOR**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DESANTO, RICHARD J
2601 EAST OAKLAND PARK BLVD, SUITE 501
FORT LAUDERDALE FL 33306

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 Department of State
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **MGRM** ☐ Delete
 NAME **POSEY, CHRISTINE**
 STREET ADDRESS **2601 EAST OAKLAND PARK BLVD, SUITE 501**
 CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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.

CHRISTINE POSEY

SIGNATURE:

CHRISTINE POSEY
MANAGER/MEMBER

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

09/12/02 **(954) 563-1940**

Date

Daytime Phone #

CR2E083 (4/02)