

LO00000001656

DOCUMENT # LO00000001656

1. Entity Name Brides Consulting Group, LLC

FILED

2003 APR -7 AM 10: 35

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2. Principal Place of Business  
2011 Mercy Drive

3. Mailing Address  
2011 Mercy Drive

DO NOT WRITE IN THIS SPACE

City & State  
Orlando, FL

City & State  
Orlando, FL

4. FEI Number  
59-36302285

Applied For  
Not Applicable

Zip  
32808

Country  
USA

Zip  
32808

Country  
USA

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

7. Name and Address of Current Registered Agent

Name  
Lori Costantino-Brown

Street Address (P.O.-Box-Number-Is-Not-Acceptable)

2011 Mercy Drive

City  
Orlando, FL

Zip Code  
32808

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 *Lori Costantino Brown*

900014453799  
03/24/03--01011--008 \*\*200.00  
DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE mgem  
NAME Costantino, Bishop Frank  
STREET ADDRESS 2011 Mercy Drive  
CITY-ST-ZIP Orlando, FL 32808

TITLE mgem  
NAME Brow-Costantino, Lori  
STREET ADDRESS 2011 Mercy Drive  
CITY-ST-ZIP Orlando, FL 32808

TITLE mgem  
NAME Brown, Charles  
STREET ADDRESS 2011 Mercy Drive  
CITY-ST-ZIP Orlando, FL 32808

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
REINSTATEMENT 2002, 03/24/03

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

Date 3/19/03 Daytime Phone #