2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000003202

NAME

STREET ADDRESS

CITY-ST-ZIP

THE PARTHENON SALON STUDIOS, L.C.



FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90255 014 ****50.00

Maining Address BOCA RATON FL 33431 Allison, DONALD M ESQUIRE GULESPIE & ALLISON, P.A. 1515 SQUITH FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432 BOCA RATON FL 33432 Cray Boca Management of the purpose of changing its registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33432 Cray FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33433 FULL Agencia State Cray FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33433 FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33433 FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33433 FILE Now/III FEE IS \$5.0.0 Make Check Payable to Florida Department of State BOCA RATON FL 33433 Delete TILE MACH MANAGING MEMBERS MANAGERS Delete TILE MARK SIRES MORES GUISSTEN, LARRY SIRES MORES SIRES MORES GUISSTEN, LARRY SIRES MORES GUISSTEN MORE GUIS					·			
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City & State Country S. Certificate of Status Desired S. 5.00 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent ALLSON, DONALD M ESQUIRE GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432 City FL Zio Code 8. The above named certify submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNALURE SIGNAL	2. Principal Place of Business		3. Mailing Addr	3. Mailing Address				
Mark Applicable Zip	Suite, Apt.	Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
6. Name and Address of Current Registered Agent ALLISON, DONALD M ESOUIRE GILLESPIE & ALLISON, P.A. 1515 SOUTH FEDERAL HIGHWAY, SUITE 300 BOCA RATON FL 33432 City FL Zio Code 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, appear and time appearance of 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 appearance agent and time appearance agent and time appearance agent agent appearance agent agent appearance agent ag	City & State		City & State	City & State		00 0000000	e	
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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.

NAME

STREET ADDRESS

SIGNATURE: ER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #