

2002 UNIFORM BUSINESS REPORT (UBR)

07-30-2002 90002 020 ****50:00

DOCUMENT # L00000004480

1. Entity Name

VISITORS FLEA MARKET, LLC.

FILED L00000004480
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 JAN 15 PM 4:06

Principal Place of Business

Mailing Address

5811 W. IRLO BRONSON
KISSIMMEE FL 34746

5811 W. IRLO BRONSON
KISSIMMEE FL 34746

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

POHL, FRANK L
280 WEST CANTON AVE., STE 410
WINTER PARK FL 32789

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

500027100985
1/16/04--01036--012 **50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
JOSEPHS, DELROY
5811 W. IRLO BRONSON HWY.
KISSIMMEE FL 34746 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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 REQUIRED

07/08/02

(407)396-0114

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

Date

Daytime Phone #

CR2E083 (4/02)

VISITORS FLEA MARKET LLC

5811 W VINE STREET
KISSIMMEE, FL 34746

July 14, 2002

Attn: Diane Cushing
FL Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Re: Visitors Flea Market LLC (L00000004480)

Dear Ms. Cushing:

I am writing in reference to your letter dated June 13, 2003 and our telephone conversation today. We are not sure why we have received this letter. Please note that the Federal ID number for this entity is 59-3640350.

Please note that we did not receive any of the rejection letters which you had mentioned in your letter and am still in shock that this corporation has been administratively dissolved. Please note that we have recently moved and this may a reason why we did not receive any documents from your office.

Furthermore, this has been a good learning lesson for us and we will ensure timely filing of all future reports. We have taken measures to ensure that this will not happen again. Since we have never had any problems in the past and we feel this was an isolated incident, we are kindly and respectfully requesting that you will reconsider the penalty for filing late filing and reinstate this Corporation as soon as possible.

We appreciate your kind consideration in this matter and please do not hesitate to contact us if you have any questions or need further help.

Sincerely,



Al H. Desai