

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 03, 2002 8:00 am
Secretary of State

05-12-2002 90592 011 ****50.00

DOCUMENT # L00000005686

1. Entity Name

THE PAPER MOON OF PANAMA CITY, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

103 West 23rd Street

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite E

City & State

City & State

Panama City, Florida

Zip

Country

Zip

Country

32405

Bay

4. FEI Number

59-3645764

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

M. Todd Burke

Street Address (P.O. Box Number is Not Acceptable)

586 Grand Blvd Suite 100

City

Destin, FL

FL

Zip Code

32550

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

Signature, typewritten

of registered agent and applicable

DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Stephanie Frimet
1806 Cherry Street
Panama City, Florida 32401

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Sandy Hudley
406 Redfish Circle
Panama City, FL 32408

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CR2E083B (12/01)

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: Stephanie Frimet Stephanie Frimet 5-30-02 747.8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #