

2001 UNIFORM BUSINESS REPORT (UBR)

0024649 AF

DOCUMENT # L00000006541

1. Entity Name

BEARFOOT ELEGANCE, LLC

FILED

01 JAN 19 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3220 S.E. 21ST AVENUE
OCALA FL 34471

Mailing Address

3220 S.E. 21ST AVENUE
OCALA FL 34471

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3653972

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BRUCHU, JANELLE P
3220 S.E. 21ST AVENUE
OCALA FL 34471

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.

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE CHAIRMAN ☐ Delete
NAME MICHELLE C MITCHELL
STREET ADDRESS 5582 SE 44TH AVE
CITY-ST-ZIP Ocala FL 34480-9415

☐ Change ☐ Addition
900003576169--2
-01/26/01--01040--004
*****50.00 *****50.00

TITLE SECRETARY ☐ Delete
NAME JANELLE P. BRUCHU
STREET ADDRESS 3220 SE 21 AVE
CITY-ST-ZIP Ocala FL 34471

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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☐ Change ☐ Addition
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.

MICHELLE C. MITCHELL

SIGNATURE:

MICHELLE C. MITCHELL

01-17-2001 352 3511233

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

Date

Daytime Phone #

CR2E083 (11/00)