

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2002 8:00 am
Secretary of State

01-16-2002 90290 011 ****50.00

DOCUMENT # L00000006541

1. Entity Name

BEARFOOT ELEGANCE, LLC

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

5582 SE 44 AVE

3. Mailing Address

5582 SE 44 AVE

Suite, Apt. #, etc.

OCALA, FL

Suite, Apt. #, etc.

OCALA, FL

City & State

OCALA, FL

City & State

OCALA, FL

Zip

34480-9415

Country

USA

Zip

34480-9415

Country

USA

4. FEI Number

59-3653972

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

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

*ADDRESS
 CHANGE
 ONLY*

7. Name and Address of New Registered Agent

Name

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

5582 SE 44 AVE

City

OCALA, FL

State

Zip Code

34480-9415

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	C	<input type="checkbox"/> Delete
NAME	MITCHELL, MICHELLE C	
STREET ADDRESS	5582 SE 44TH AVE.	
CITY-ST-ZIP	OCALA FL 34480-9415	
TITLE	S	<input type="checkbox"/> Delete
NAME	BRUCHU, JANELLE P	
STREET ADDRESS	3220 SE 21 AVE.	
CITY-ST-ZIP	OCALA FL 34471	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	5582 SE 44 AVE	
CITY-ST-ZIP	OCALA, FL 34480-9415	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: MICHELLE C MITCHELL
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01.10.2002 (352) 351-1233
 Date Daytime Phone #

CR2E083 (9/01)