2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000007797

1. Entity Name Pretty Holdings, LLC

FILED
01 MAY -1 PM 5:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address
437 41st St.	437 41st St.
Suite, Apt. #, etc. 216	Suite, Apt. #, etc. 216
City & State Miami Beach, FL	City & State Miami Beach, FL
Zip 33140 Country USA	Zip 33140 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-102-0533 ☐ 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
	Name 305-672-9200 Management, Inc.
	Street Address (P.O. Box Number is Not Acceptable) 437 41st St. #200
	Miami Beach, FL 33140
	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 ______ Pres./305-672-9200 Management, Inc. 4/25/01
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	M Nicole Robinson 437 41st St. #216 Miami Beach, FL 33140 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	M Nicole Robinson 437 41st St. #216 Miami Beach, FL 33140 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 900004274329--5 -05/21/01--01152--009 *****55.00 *****55.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (11/00)

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: Nicole M Robinson M. 4/25/01 305-672-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #