

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-16-2002 90263 020 ****50.00

DOCUMENT # L00000008029

1. Entity Name
LINDA HINCHLIFFE AND ASSOCIATES, LLC

Principal Place of Business

~~2934 NEEDHAM COURT~~
~~DELRAY BEACH FL 33445~~

Mailing Address

~~2934 NEEDHAM COURT~~
~~DELRAY BEACH FL 33445~~

906031

2. Principal Place of Business

3720 S Ocean Blvd

Suite, Apt. #, etc.

304

3. Mailing Address

3720 South Ocean Blvd

Suite, Apt. #, etc.

304



DO NOT WRITE IN THIS SPACE

City & State

Highland Beach FL

City & State

Highland Beach FL

4. FEI Number

APPLIED FOR

341225379

Applied For

Not Applicable

Zip

33487

Country

USA

Zip

33487

Country

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HINCHLIFFE, LINDA A
2934 NEEDHAM COURT
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

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

3720 South Ocean Blvd -304

City

Highland Beach

FL

Zip Code

33487

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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	HINCHLIFFE, LINDA A	2934 NEEDHAM COURT	DELRAY BEACH FL 33445	<input type="checkbox"/>
VP	HINCHLIFFE, DANIEL A	2934 NEEDHAM COURT	DELRAY BEACH FL 33445	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		3720 South Ocean Blvd	Highland Beach, FL 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		3720 South Ocean Blvd	Highland Beach, FL 33487	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

[Handwritten Signature]

01/12/02

561 498-3019

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

Date

Daytime Phone #

CR2E083 (9/01)