2001 UNIFORM BUSINESS REPORT (UBR)

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

2001	UNI	FORM E	USIŅE	, SS REPO	RT	(UBR)		Other the September 19	nest' j	新 4 一次改造海南縣(3) 金		
DOCUMENT # L00000008535 1. Entity Name								FILED				
DAISY DESIGN, LLC								01 MAY -7 PM 3: 00				
3668 FRANKLIN AVE 36			Mailing Address 3668 FRANKLIN AVE MIAMI FL 33133				SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business 3. M				Mailing Address								
Suite, Apt. #, etc. Su				Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State . Ci				City & State			4. FEI N	4. FEI Number (5-108494). Applied For Not Applicable				
Zip	Country			p	Coun	try	5. Certificate of Status Desired S5.00 Additional Fee Required					
6. Name and Address of Current Registe				red Agent	J		7. Name	7. Name and Address of New Registered Agent				
MOSKOWITZ, BETH M 1428 BRICKELL AVE				Name Street Address			ess (P.O. Box N	umber is Not Acceptable)		<u>.</u>	-	
SUITE 400 MIAMI FL 33131					•			 		T = - 0 - 4 -		
MIAMI FL	33131					City ·			FL	Zip Code		
8. The above	named entit	y submits this stat	ement for the pur	rpose of changing its	registere	ed office or reg	istered agent, o	or both, in the State of Florid	da.			
SIGNATURE	Signature, typed	or printed name of regis	tered agent and title if a	pplicable. (NOT	E: Registere	d Agent signature red	quired when reinstati		DATE			
				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of				דוט שכפוט וטיוטיטויי ו				
9.		MANAGIN	3 MEMBERS/ME	MBERS	10.			ADDITIONS/C	HANGES			
TITLE NAME STREET ADORESS CITY-ST-ZIP	MGR KELLY, K 3668 FRA MIAMI FL	NKLIN AVE		□ Delete	i i					Change	Addition	
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NAME STREET ADDRESS CITY-STEZIP		,		C] Delete						☐ Change :	Addition	
11. I hereby of indicated limited liab	certify that the on this repor- bility compar	e information support is true and accurate or the receiver.	plied with this filin trate and that my or trustee empow	ng does not qualify for signature shall have vered to execute this	report as	s required by C	n Section 119.6 s if made under hapter 608, Flo	07(3)(i), Florida Statutes. I fir oath; that I am a managin orida Statutes.	urther cer ig membe	tify that the iner or manager	formation of the	

Daytime Phone #