2001 UNIFORM BUSINESS REPORT (UBR)

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|--|---|---|--|--|---|--|------------------|-----------------|-------------|------------------|-------------|--------------|-----------------------------|--|
| DOCL 1. Entity Nat | IMENT # | L0000 | 00009 | 9049 | | | | | | | | | | |
| EVE'S G | ARDEN AND | GIFTS, L.L.C. | | | | | | | | | F | ILE | ED. | |
| 225 N.W. HC | ce of Business DLLYWOOD ON BEACH FL 32548 | | Mailing A P.O. BO FORT V | | L 32549 | | | | } | 01 SEI TAL | | | AM 2: MESTA FLOR | |
| lio il | Place of Business | Blud. N.E. | 3. Mailing | g Address | | | • | - | | | | | | |
| Suite, Apt | | . — | Suite, | Apt. #, etc. | | | | 1 | | DO NOT | WRITE IN | THIS S | PACE | |
| City & Sta | | | City & | State | | _ | | 4. FEIN | | 667 | 74 | 7 | | applied For |
| 3251 | 1Q 0 | untry | Zip | | Count | гу | | | | atus Desir | _ | ¬ ' \$ | 5.00 Ac | ditional |
| <u> </u> | | ddress of Current | Registered / | Agent | | | | 7. Name | e and Add | ress of Ne | w Regist | | | <u> </u> |
| | | | | | | Name | | | | | | | | |
| EDMISTON, GEORGIA R 225 N.W. HOLLYWOOD | | | | | | Street Address (F | | | lumber is N | Not Accept | table) | | | . |
| | ALTON BEACH FI | 32548 | | | | | | | | | | | | |
| | | | | | - | City | | | | | | FL | Zíp Co | |
| | | | | | | Oity | | | | | | ГL | | 40 |
| B. The above | named entity subm | nits this statement for | r the purpose | e of changing its | registere | | r registere | ed agent, o | or both, in | the State o | of Florida. | <u>r</u> L | | , |
| 8. The above | - | | , , | | | d office o | | | · | the State o | | | 1 - 1 - 0 - 0 | , |
| | - | nits this statement for | , , | | _ | d office o | | ed agent, o | · | the State o | | DATE | | , |
| | - | | and title if applicat | ole. (NOT | Registered | d office of | ture required to | when reinstatin | · | the State o | | | | |
| | - | | and title if applicat | Die. (NOT | Registered | d office of | ture required to | when reinstatin | · | the State o | | | | |
| | Signature, typed or printed | | and title if applicat | FILE N | Registered | d office of | ture required to | when reinstatin | · | | | DATE | | |
| SIGNATURE 9. ITTLE | Signature, typed or printed MGR HOLLADAY, LA | d name of registered agent a MANAGING MEMBE URA G | and title if applicat | FILE N | Registered W!!! F yable to TITLE NAME | Agent signat | ture required to | when reinstatin | · | | | DATE. | ☐ Change | Addition |
| SIGNATURE 9. | Signature, typed or printed MGR HOLLADAY, LAI 225 N.W. HOLL FORT WALTON | d name of registered agent a MANAGING MEMBE URA G | and title if applicable in the policies of the | FILE N FILE N ake Check P RS | Registered W!!! F yable to TITLE NAME | Agent signat EE IS 1 Depart T ADDRESS | ture required to | when reinstatin | · | | | DATE NGES | ☐ Change | Addition |
| 9. ITTLE VAME STREET ADDRESS CITY-ST-ZIP TITLE VAME | MGR HOLLADAY, LA 225 N.W. HOLL FORT WALTON MGR LITTLE, CATHEL | MANAGING MEMBE URA G YWOOD BEACH FL 32546 | and title if applicable in the policies of the | FILE N ake Check PE | Registered W!!! F vable to I10. TITLE NAME STREET CITY-S TITLE NAME | Agent signat EE IS 3 Depart T ADDRESS ST-ZIP | ture required to | when reinstatin | ng) | ADDITIO | DNS/CHA | NGES | ☐ Change | Addition |
| 9. NITLE VAME STREET ADDRESS CITY-ST-ZIP | MGR HOLLADAY, LA 225 N.W. HOLL FORT WALTON MGR LITTLE, CATHE 225 N.W. HOLL | MANAGING MEMBE URA G YWOOD BEACH FL 32546 | Mand title if applicable Mand title if applicable Manda Mand | FILE N FILE N ake Check P RS | Registered W!!! F vable to I10. TITLE NAME STREET CITY-S TITLE NAME | Agent signet EE IS \$ Depart T ADDRESS T ADDRESS | ture required to | when reinstatin | ng) | ADDITIO | 421 | NGES | Change | Addition Addition |
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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 import as required by Chapter 608, Florida Statutes.

URE: LEGIGLE COMMENT TEORINE ESTATESTON
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATION

4724/0

850-243-7676

Daytime Phone #

083 (11/00)