

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90760 007 *****50.00

DOCUMENT # L00000009049

1. Entity Name

EVE'S GARDEN AND GIFTS, L.L.C.



Principal Place of Business

**149 HOLLYWOOD BLVD., NE
FT WALTON BEACH FL 32548**

Mailing Address

**P.O. BOX 807
FORT WALTON BEACH FL 32549**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3667747**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**EDMISTON, GEORGIA R
225 N.W. HOLLYWOOD
FORT WALTON BEACH FL 32548**

7. Name and Address of New Registered Agent

Name

Edmiston, Georgia R

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

438 Emerald Point Drive

City

Mary Esther

FL

Zip Code

32569

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **X Georgia R Edmiston**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/22/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **HOLLADAY, LAURA G**
STREET ADDRESS **225 N.W. HOLLYWOOD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **MGR** ☐ Delete
NAME **LITTLE, CATHERINE E**
STREET ADDRESS **225 N.W. HOLLYWOOD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE **MGR** ☐ Delete
NAME **EDMISTON, GEORGIA R**
STREET ADDRESS **225 N.W. HOLLYWOOD**
CITY-ST-ZIP **FORT WALTON BEACH FL 32548**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **Holladay, Laura G**
STREET ADDRESS **Box 4699 3436 Hwy 45 North**
CITY-ST-ZIP **Meridian, MS 39307**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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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: **X Georgia R Edmiston**

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

4/22/03

Date

850-581-1112

Daytime Phone #

0048908

CR2E083 (10/02)