

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009134

1. Entity Name

EXPRESSIONS, LLC

FILED

01 JAN 26 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

10925 OVERSEAS HIGHWAY  
MARATHON FL 33050

Mailing Address

10925 OVERSEAS HIGHWAY  
MARATHON FL 33050

2. Principal Place of Business

10925 Overseas Hwy  
Suite, Apt. #, etc.

3. Mailing Address

10925 Overseas Hwy  
Suite, Apt. #, etc.

City & State

Marathon FL

City & State

Marathon FL

Zip

33050

Country

US

Zip

33050

Country

US

4. FEI Number

65-1043265

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WOLFE, JOHN J

2975 OVERSEAS HIGHWAY

MARATHON FL 33050

7. Name and Address of New Registered Agent

Name

DELORIS COATS

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

123 BRIAN RD

City

MARATHON

FL

Zip Code

33050

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

Deloris Coats

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

(NOTE: Registered Agent signature required when reinstating)

1-22-01

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME ☐ Delete

MANAGING member  
Deloris Coats  
123 Brian Rd  
Marathon, FL 33050

TITLE NAME ☐ Delete

STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☒ Addition

MANAGING member  
Deloris Coats  
123 Brian Rd  
Marathon, FL 33050

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

800003601508--1  
-01/30/01--01065--015

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

*[Handwritten signature]*

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

800003601508--1  
-01/30/01--01065--015

TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS  
CITY-ST-ZIP

\*\*\*\*\*50.00 \*\*\*\*\*50.00

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:

Deloris Coats

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

Date

1-22-01 3057439400

Daytime Phone #

CR2E083 (11/00)