

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90035 036 ****50.00

DOCUMENT # L00000009224

1. Entity Name

Beaches Pastry, LLC

DO NOT WRITE IN THIS SPACE

933265

2. Principal Place of Business

218 First Street

Suite, Apt. #, etc.

3. Mailing Address

1979 Brista De Mar Cir

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Neptune Beach, FL

City & State

Atlantic Beach, FL

4. FEI Number

59-3662730

Applied For

Not Applicable

Zip
32266

Country
USA

Zip
32233

Country
USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Susan Barrett Hecker

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

200 South Orange ~~Street~~ Ave

City

Sarasota

FL

Zip Code

34236

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.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Owner MGRM
Mary E Bracey
1979 Brista De Mar Cir
Atlantic Beach, FL 32233

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

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

Date

Daytime Phone #

CR2E083B (12/01)