

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L00000009987**

1. Entity Name

ELEGANT & UNUSUAL, LLC

Principal Place of Business  
22612 ESPLANADA CIRCLE  
BOCA RATON, FL 33433

Mailing Address

2. Principal Place of Business  
FLORIDA

3. Mailing Address  
SAME

Suite, Apt. #, etc.  
N/A

Suite, Apt. #, etc.

City & State  
BOCA RATON, FL

City & State

Zip  
33433

Country  
USA

Zip

Country

4. FEI Number  
215-30-8943

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RHONA DORF  
22612 ESPLANADA CIRCLE  
BOCA RATON, FL 33433

Name

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

City

FL

Zip Code

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. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
MANAGING MEMBER  
RHONA DORF  
22612 ESPLANADA CIRCLE  
BOCA RATON, FL 33433 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

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

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:

*Rhona Dorf*

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

Date

4/01/01

Daytime Phone #

FILED

01 APR 10 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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