

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90014 003 ****50.00

DOCUMENT # L00000010575

1. Entity Name
SEW MANY PIECES, LLC

Principal Place of Business
**8917 CHARLES E. LIMPUS ROAD
 ORLANDO FL 32836**

Mailing Address
**8917 CHARLES E. LIMPUS ROAD
 ORLANDO FL 32836**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

7937 Bayside View Dr

Suite, Apt. #, etc.

7937 Bayside View Dr

City & State

Orlando FL 32

City & State

Orlando FL

Zip

32819

Country

Orange

Zip

32819

Country

Orange

4. FEI Number

59-3666349

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**ELBERG, CAROLE
 8917 CHARLES E. LIMPUS ROA
 ORLANDO FL 32836**

7. Name and Address of New Registered Agent

Name

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

7937 Bayside View Dr

City

Orlando

FE

FL

Zip Code

32819

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

Carol L. Elberg

(NOTE: Registered Agent signature required when reinstating)

4/14/02

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
 NAME **ELBERG, CAROLE L**
 STREET ADDRESS **8917 CHARLES E LIMPUS ROAD**
 CITY-ST-ZIP **ORLANDO FL 32836**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7937 Bayside View Dr**
 CITY-ST-ZIP **Orlando FL 32819**

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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:

Carol L. Elberg

4/14/02

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

Date

Daytime Phone #

CR2E083 (9/01)