3-27-01 941,371,8897

Date

2001 UNIFORM BUSINESS REPORT (UBI	2001	UNIF	ORM	BUSINESS	REPORT	(UBF
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DOCU 1. Entity Nam	MENT# LO	0000010	949								ED			
AROMANUTZ!, LLC							(OLMA	R 30	AM	9:48			
						ŀ		7	SECRE	TARY	OF S	TATE ORIDA		
Principal Plac	e of Business	Mailing A	Address					14	LLAF	IASSI	EE, FL	ORIDA		
3807 BELMOI SARASOTA F			ELMONT BLVD. OTA FL 34232											
SARASUTA F	1 54252	SARASI	JIN FE 34232					1 82 11 8 31 0	II 83 101 88 3	II 98II I 86	 	186 (68) 4 8 8 17 8		B2B (6)(188)
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z, Principal P	lace of Business	3. Mailing	g Address		,		•			.,			МА	222
Suite, Apt.	#, etc.	Suite, A	Apt. #, etc.		•		i		DO N	OT WRIT	E IN THI	S SPACE	M	JH
City & State	e	City &	State		-	4	I. FEI N		107	Q 2	12			lied For
Zip	Country	Zip		Coun	try				Status De	•	<u>13</u>	\$5.00	Additi	Applicable onal
	6. Name and Address of	Current Registered	Agent	<u>.</u> .	Ī						egistered	Fee Requ	uired	
					Name	+-1	h n	F.	$\neg J$	مما	1:	<u>ــَ</u>	· · · · · · ·	
	ano, John E Ashington Blvd.		c		Street Add	dress (P.O.	Box Nu	ımber is	Not Acc		=	SIE	#.	24 <i>c</i>
	TA FL 34238	was l	2.55	7		<u>v</u>	<u> </u>				 ,	<u></u>	TI	
	1/31				City 🧲	SAR	AS	014	\		F	L Z	ode	
8. The above	named entity submits this state	ement for the purpose	e of changing its	s registere	ed office or re	egistered a	agent, o	r þoth, i	n the Sta	te of Flo	rida.		<u> </u>	
SIGNATURE _										,	· \	9-0	/c	
	Signature, typed or printed name & regis	to ou agent and title if applical	ble. (NO)	E: Registere	d Agent signature	required wher	n reinstatin	g)			DATE	•		
					FEE IS \$50									
		M.	ake Check Pa	ayable t	o Departmo	ent of Si	tate							
9.	MANAGING PRESIDENT/O	MEMBERS/MEMBE		10.					ADDI	TIONS/	CHANGE			☐ Addition
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NAME STREET ADDSESS				NAME STREE	T ADDRESS									
CITY-ST-ZEP		•			ST-ZIP									
indicated (ertify that the information suppon this report is true and accupility company or the receiver of	rate and that my signa	ature shall have	the same	legal effect a	as if made	e under :	oath; tha	atlam a	atutes, I managi	further congression	ertify that th per or mana	e info iger o	rmation of the

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