

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000011444

1. Entity Name  
GRACIOUS AGE, L.L.C.

FILED

01 APR 23 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
114 WEST SECOND ST.  
SANFORD FL 32771

Mailing Address  
114 WEST SECOND ST.  
SANFORD FL 32771



2. Principal Place of Business  
1401 Magnolia Ave  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
Sanford, Fla. 32771

City & State

4. FEI Number  
59-3673930

Applied For  
Not Applicable

Zip  
32771

Country  
U.S.A

Zip

Country

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

## 6. Name and Address of Current Registered Agent

YOSEFIAN, RAMI  
114 WEST SECOND ST.  
SANFORD FL 32771

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

## 9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME YOSEFIAN, RAMI  
STREET ADDRESS 114 WEST SECOND ST.  
CITY-ST-ZIP SANFORD FL 32771

TITLE MGR  
NAME KONFORE, ARIE  
STREET ADDRESS 658 DOUGLAS AVE., STE. 1102  
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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: Rami Yosefian 3-12-01 407-324-2044

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

Date

Daytime Phone #

CR2E083 (11/00)