

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

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90154 018 ****50.00

DOCUMENT # L00000011444

1. Entity Name
Gracious AGE, LLC.

DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
114 W 2nd St.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sanford Fla

City & State
Sanford Fla. 327

4. FEI Number
59-3673930

Applied For
 Not Applicable

Zip
32771 Country
U.S.A

Zip
32771 Country
U.S.A

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
RAMI YOSEFIAN
Street Address (P.O. Box Number is Not Acceptable)
5500 Wilson Rd.
City SANFORD **FL** Zip Code 32771

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	<u>MGRM</u> <u>RAMI YOSEFIAN</u> <u>5500 WILSON Rd.</u> <u>SANFORD Fla. 32771</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 4-10-02 407-324-2014
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #