

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90017 033 \*\*\*\*50.00

**DOCUMENT #** L00000011666

1. Entity Name

THE BOCA RATON CANDLE COMPANY, L.L.C.

**DO NOT WRITE IN THIS SPACE**

936168

2. Principal Place of Business

9343D BOCA GARDENS SOUTH

Suite, Apt. #, etc.

3. Mailing Address

9343D BOCA GARDENS SOUTH

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
BOCA RATON, FLORIDA

Zip

33496

Country

USA

City & State  
BOCA RATON, FLORIDA

Zip

33496

Country

USA

4. FEI Number

65-1044822

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

COLLEEN STIGER, PENALTA + STIGER, LLP

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

1200-N. FEDERAL HWY, 200-21

City

BOCA RATON,

FL

Zip Code

33432

**DO NOT WRITE  
IN THIS SPACE**

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

Colleen M. Stiger, COLLEEN M. STIGER 03/09/02

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

DATE

**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  
PRESIDENT  
SUSAN ISBELL  
9343D BOCA GARDENS SOUTH  
BOCA RATON, FL 33496

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE-PRESIDENT  
COLLEEN STIGER  
1200 N. FEDERAL HWY, 200-21  
BOCA RATON, FL 33432

TITLE  
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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)(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:

Susan Isbell, Susan Isbell

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

3-9-02

Date

561-482-8145

Daytime Phone #

CR2E083B (12/01)