## **2001 UNIFORM BUSINESS REPORT (UBR)**

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DOCUMENT # L00000012750									•	}	•	
THE WEDDING COMPANY LLC								FILED				
Principal Place of Business Mai				iling Address				2001 JUN -7 PM 5: 38				
2825 AUGUSTUS ROAD				2825 AUGUSTUS ROAD NAVARRE FL 32566				DIVILION OF CORPORATIONS				
NAVARRE FL 32566				VANNE FL 32300					I ALL AHASS	SEE ELO	1 <b>810 y</b> 1**** 1 110.42	
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2. Principal Place of Business 3				Mailing Address				T 1981) ATT BAY BOWN DERIV BOWN BOWN BOWN BOWN DERIVED BY THE TOTAL BOWN BOWN BOWN BOWN BOWN BOWN BOWN BOWN				
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State					4. FEI N	lumber _			plied For at Applicable
Zip	Country Zi			)	try	. 5. Certificate of Status		icate of Status Desired	×	\$5.00 Add	litional	
	6. Name and Ad	gister	red Agent				7. Name	and Address of New	Registered	·		
<del>-</del>						Name						
EXNER, CHERIE ANN					Street Address (			O. Box N	umber is Not Acceptab	le)		
2825 AUGUSTUS ROAD									-	- <del></del>		
NAVARRE FL 32566				City							Zip Code	
										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 Flo												
SIGNATURE												
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature require								when reinstatir	ng)	DATE		
FILE NOW						FEE IS S	50.00			1		
	•	Make Check Payable to Department			ment of	State	·	.1				
9.		ANAGING MEMBERS	J S/MEI	MBERS	10.				ADDITIONS	S/CHANGES		
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NAME					NAMI		Brian	n Chris	stopher Exner gustus Rd,			
STREET ADDRESS CITY-ST-ZIP						et address <sub>,</sub> -St-Zip	1700	DIVYO.	FL. 32566			;
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NAME	•			<b></b>	NAM		Ant	nain T	Ross Exner		_ •	
STREET ADDRESS CITY-ST-ZIP	•					ET ADDRESS -ST-ZIP	282	5 Mu	gustus Rd. Fl. 32564	ļ. ļ.		
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CITY-ST-ZIP						-ST-ZIP					7	
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.												nformation or of the

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