

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

FILED
Feb 18, 2002 8:00 am
Secretary of State

02-18-2002 90185 023 ****50.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000013822
1. Entity Name ARDTULLY 1921 CO., LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 145 WOODBRIDGE RD Suite, Apt. #, etc. City & State PALM BEACH FL Zip 33480 Country USA	3. Mailing Address 222 LAKEVIEW AVE Suite, Apt. #, etc. # 160-295 City & State WEST PALM BEACH FL Zip 33401 Country USA
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4. FEI Number 65-1055747	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

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7. Name and Address of Current Registered Agent	
Name JOY SHAPIRO	
Street Address (P.O. Box Number is Not Acceptable) 145 WOODBRIDGE RD	
City PALM BEACH	FL Zip Code 33480

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 <u>JOY SHAPIRO</u> DATE <u>2/11/02</u>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>

FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MANAGING MEMBER JOY SHAPIRO, MGR 145 WOODBRIDGE RD PALM BEACH FL 33480	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)(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: <u>JOY SHAPIRO MGR</u> DATE <u>2/11/02</u>	Daytime Phone #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	

CR2E083B (12/01)