2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014093

FILED

01 MAY -2 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name: RU Ready LLC

dba Arthur Murray Dance Studio

Principal Place of Business	Mailing Address
5562 Lake Howell Rd. Winter Park, FL 32792	5562 Lake Howell Rd Winter Park, FL 32792

2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		4. FEI Number 58-2583338 ☐ Applied For ☐ Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: Emily Bergman
	Street Address (P.O. Box Number is Not Acceptable): 207 Altamont Bay Club Cir #211
	City: Altamont Spgs FL Zip Code: 32701

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: Emily Bergman Partner 4-30-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
Mgr Partner Emily Bergman 207 Altamont Bay Club Cir #211 Altamont Spgs. FL 32701			
Mgr Partner Kimberley Carroll 1164 E. Ridge Road Rochester NY 14621	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
		400004316184--3 -05/24/01--01105--025 *****50.00 *****50.00	
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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: Emily Bergman Partner 4-30-01 407-673-7339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #