# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0046276

DOCUMENT # L00000014789

1. Entity Name

LOVE UNLIMITED, LLC

FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 136 WELLWOOD LANE<br>PALM COAST FL 31264 | 136 WELLWOOD LANE<br>PALM COAST FL 31264 |

☐ CHECK HERE IF MAKING CHANGES

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 65-1056145 ☐ Applied For ☐ Not Applicable

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 |
|---|---|
| LENZNER, MARGARET<br>136 WELLWOOD LANE<br>PALM COAST FL 31264 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City 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 Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2003**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MCDANIEL, TERRY<br>335 TAYLOR ROAD<br>TURTLETOWN TN 37391 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition<br>600017838556<br>05/01/03--01066--009 **50.00 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>MCDANIEL, NANCY<br>335 TAYLOR ROAD<br>TURTLETOWN TN 37391 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E083 (10/02)

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:** Terry M. McDaniel **REQUIRED** 4-28-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #