FILED
May 27, 2002 8:00 am
Secretary of State

02-19-2002 90065 016 ****50.00

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000015574

1. Entity Name
CELEBRATE HERBS, LLC

Principal Place of Business	Mailing Address
1306 PERICO POINT CIRCLE BRADENTON FL 34209	1306 PERICO POINT CIRCLE BRADENTON FL 34209

DEI F

2. Principal Place of Business		3. Mailing Address	
		7316 Manatee Ave W	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 270	
City & State		City & State Bradenton FL 34209	
Zip	Country	Zip 34209	Country USA

DO NOT WRITE IN THIS SPACE
N/A – SF

4. FEI Number ~~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
FASANO, SABINA E 1306 PERICO POINT CIRCLE BRADENTON FL 34209	Name Street Address (P.O. Box Number is Not Acceptable) 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.

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 Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FASANO, SABINA E 1306 PERICO POINT CIRCLE BRADENTON FL 34209	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (8/01)

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: SIGNATURE REQUIRED 2.12.02 941-229-0703

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