

**2002 UNIFORM BUSINESS REPORT (UBR)**AND  
FILED

02 OCT -7 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**DOCUMENT # L01000000222**

1. Entity Name

**LA PROVENCE FRENCH BAKERY AND CAFE, LLC**

Principal Place of Business

**1627 COLLINS AVE.  
MIAMI BEACH FL 33139**

Mailing Address

**1627 COLLINS AVE.  
MIAMI BEACH FL 33139**

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-1072425**

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

Name

**RICHARD A. CAHLIN - CPA**

Street Address (P.O. Box Number is Not Acceptable)

**20590 WEST DIXIE HWY**

City

**NMB****FL**

Zip Code

**33180**

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

**Richard A. Cahlin****CPA****9-18-02**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00****Make Check Payable to Department of State****Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Delete
NAME	<b>THAU DAVID</b>	
STREET ADDRESS	<b>1627 COLLINS AVE.</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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STREET ADDRESS		
CITY-ST-ZIP		

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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2083 (4/02)