

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000000859

1. Entity Name

IN-DESIGN, LLC

Principal Place of Business

Mailing Address

2901 CLINT MOORE ROAD, SUITE 324
BOCA RATON FL 33496

2901 CLINT MOORE ROAD, SUITE 324
BOCA RATON FL 33496

2. Principal Place of Business

148 S. FEDERAL Hwy.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

City & State

Zip

33432

Country

USA

Zip

Country

4. FEI Number

65-1106428

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

RACHLIN, ANDREW J ESQ.
2901 CLINT MOORE ROAD, SUITE 324
BOCA RATON FL 33496

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

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 May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
RACHLIN, ANDREW
2901 CLINT MOORE ROAD, SUITE 324
BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone

1/10/02
(561) 634 6538

17

FILED
Mar 07, 2002 8:00 am
Secretary of State

01-23-2002 90052 029 *****50.00



DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)