

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90056 027 ****50.00

DOCUMENT # **L01000002142**

1. Entity Name

UNDER THE SEART, LLC

DO NOT WRITE IN THIS SPACE

951572

2. Principal Place of Business

4533 SUNBEAM RD

Suite, Apt. #, etc.

106

3. Mailing Address

4533 SUNBEAM RD

Suite, Apt. #, etc.

106

DO NOT WRITE IN THIS SPACE

City & State
JACKSONVILLE FL

City & State
JACKSONVILLE FL

4. FEI Number

593699305

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CHARLES PMILFORD JR

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

4533 SUNBEAM RD #106

City

JACKSONVILLE

FL

Zip Code

32257

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.

DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CO-MANAGER
R G DE MARIA
4533 SUNBEAM RD #106
JACKSONVILLE FL 32257

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
CO-MANAGER
THOMAS R. MAC MANUS
4533 SUNBEAM RD #106
JACKSONVILLE FL 32258

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DEPARTMENT OF STATE
DEPOSIT ONLY
2796

DO NOT WRITE
IN THIS SPACE

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

THOMAS R. MAC MANUS

4-28-02 904-880-0909

Date

Daytime Phone #

CR2E083B (12/01)