

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

01-23-2002 90078 008 ****50.00

DOCUMENT # L01000003361

1. Entity Name

DESMOND LILY, LLC

Principal Place of Business

1288 W. FIARBANKS AVE.
WINTER PARK FL 32789

Mailing Address

1288 W. FIARBANKS AVE.
WINTER PARK FL 32789

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 **59-3705046**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fees Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WOODS, JONATHAN D ESQ
15 WEST CHURCH STREET
SUITE 201
ORLANDO FL 32801

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 date 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	manager						
	Valerie Robb	1288 W. Fairbanks Ave	Winter Park, FL 32789				
	manager						
	Angelique Hamilton	1288 W. Fairbanks Ave	Winter Park, FL 32789				
	manager						
	Charmare Frase	1288 W. Fairbanks Ave	Winter Park, FL 32789				
	manager						
	Sandy Brown	1288 W. Fairbanks Ave	Winter Park, FL 32789				
	manager						
	Howard Cochran	1288 W. Fairbanks Ave	Winter Park, FL 32789				

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: *Valerie Robb*

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

Date

Daytime Phone #

1-15-02 407.647.3000

CR2E083 (9/01)