

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90005 018 ****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

1288 W. Fairbanks

Suite, Apt. #, etc.

3. Mailing Address

1288 W. Fairbanks

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 ☐ **New Current**

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of ~~New~~ Registered Agent

Name

Woods, Jonathan D. ESQ

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

425 W. Colonial Dr.

Ste. 204

City

Orlando

FL

Zip Code

32804

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

| | | |
|----------------|------------------------------------|---------------------------------|
| TITLE NAME | MGR ROBB, VALERIE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1288 W FAIRBANKS AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE NAME | MGR HAMILTON, ANGELIQUE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1288 W FAIRBANKS AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE NAME | MGR FRASE, CHARMANE | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1288 W FAIRBANKS AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE NAME | MGR BROWN, SANDY | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1288 W FAIRBANKS AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE NAME | MGR COCHRANE, HOWARD | <input type="checkbox"/> Delete |
| STREET ADDRESS | 1288 W FAIRBANKS AVENUE | |
| CITY-ST-ZIP | WINTER PARK FL 32789 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

10. ADDITIONS/CHANGES

| | | |
|----------------|--|---|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)