

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90103 019 ****50.00

DOCUMENT # L01000004416

1. Entity Name

WINDERMERE FLOWERS & GIFTS, LLC



Principal Place of Business

**3414 COCARD COURT
WINDERMERE FL 34786**

Mailing Address

**3414 COCARD COURT
WINDERMERE FL 34786**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3706674**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCALO, JOSEPH F
3414 COCARD COURT
WINDERMERE FL 34786**

7. Name and Address of New Registered Agent

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. 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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	SCALO, JEANA M	
STREET ADDRESS	3414 COCARD COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE	V	<input type="checkbox"/> Delete
NAME	SCALO, JOSEPH F	
STREET ADDRESS	3414 COCARD COURT	
CITY-ST-ZIP	WINDERMERE FL 34786	
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Jeana M Scalo*

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

15 Sept 03

Date

Daytime Phone #

901-876-5225

CR2E083 (4/03)

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