

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

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90116 030 ****50.00

DOCUMENT # **L01000005089**

1. Entity Name

THE ALLURE GROUP, LLC

DO NOT WRITE IN THIS SPACE

873619

2. Principal Place of Business

225 CLEMATIS ST.

Suite, Apt. #, etc.

3. Mailing Address

225 CLEMATIS ST.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

4. FEI Number

65-1086629

Applied For

Not Applicable

Zip

33401

Country

USA

Zip

33401

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LAURA ANTHONY, ESQ

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

120 S. OLIVE AVENUE, SUITE 208

City

WEST PALM BEACH FL

Zip Code

33401

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.

L Anthony

9-23-02

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
**MANAGING MEMBER
SCOTT DIAMANT
c/o 331 CLEMATIS ST.
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
ROBERT SAMUELS
c/o 331 CLEMATIS ST.
WEST PALM BEACH, FL, 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MICHAEL MOLLE
225 CLEMATIS ST.
WEST PALM BEACH, FL 33401**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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CITY-ST-ZIP

**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

Date

Daytime Phone #

09/23/02

**561-833-
7755**

CR2E083B (12/01)