

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

FILED
Aug 13, 2002 8:00 am
Secretary of State

07-08-2002 90239 002 ****50.00

DOCUMENT # L01000005153
1. Entity Name
AT HOME AMELIA, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
626 1/2 South 8th St.
Suite, Apt. #, etc.

3. Mailing Address
Same
Suite, Apt. #, etc.

41472

DO NOT WRITE IN THIS SPACE

City & State
FERNANDINA BEACH, FL
Zip
32034
Country
USA

4. FEI Number
59-3712222
Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Shirley W. Raines
Street Address (P.O. Box Number is Not Acceptable)
60 At Home Amelia, LLC
626 1/2 South 8th St
City
FERNANDINA BEACH FL Zip Code
32034

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 | * MGR M SHIRLEY W. RAINES 4672 Village Dr FERNANDINA BEACH, FL 32034 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | No other members |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | i.e. see Member LLC |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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: Shirley W. Raines 7/5/02 904-491-1231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)

* NOTE: THIS IS A "SOLE MEMBER" LLC

Attachment



41472

At Home
Amelia

626 1/2 SOUTH 8TH STREET
FERNANDINA BEACH FL 32034
904-491-1231

August 9, 2002

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

RE: L01000005153
Your letter of 7/11/2002(attached)

Enclosed please find a copy of the original report with the requested correction in "red" plus a "REVISED" report just in case the "in red" correction is unacceptable. I trust one of these will be acceptable and you can proceed with updating your files.

If not, PLEASE do not use the Melrose address for any future correspondence as the US Postal Service is not forwarding mail any longer.

Thanks,

David Raines

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0100005153

1. Entity Name

AT HOME AMELIA, LLC

41472

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2. Principal Place of Business

626 1/2 SOUTH 8th ST

Suite, Apt. #, etc.

3. Mailing Address

← same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FERNANDINA BEACH, FL

City & State

← same

4. FEI Number

59-3712222

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

Zip

32034

Country

NASSAU

Zip

← same

Country

7. Name and Address of Current Registered Agent

Name

SHIRLEY W. RAINES

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

40 AT HOME AMELIA, LLC

626 1/2 SOUTH 8th ST

City

FERNANDINA BEACH

FL

Zip Code

32034

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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

OWNER
SHIRLEY W. RAINES
4672 VILLAGE DR
FERNANDINA BEACH, FL 32034

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Shirley W. Raines

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

7/5/02

Date

904-491-1231

Daytime Phone #

CR2E083B (12/01)



At Home
Amelia

626 1/2 SOUTH 8TH STREET
FERNANDINA BEACH, FL 32034
904-491-2311

Attachment



41472

July 5, 2002

Florida Department of State
PO Box 6327
Tallahassee, FL 32314

RE: UNIFORM BUSINESS REPORT (UBR)
AT HOME AMELIA, LLC
#L0100005153

This is a new organization (4/2001) and I had no knowledge until today that an annual report was due. I DID NOT receive the annual reporting packet. Thus, I am hereby requesting waiver of the late filing fee.

I have taken steps to ensure timely filing in the future.

Enclosed please find the annual report and my check in the amount of \$50.

Sincerely,

Shirley W. Raines
Owner/Sole Member

Enclosures: Uniform Annual Report
Check in the amount of \$50