

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0014820

DOCUMENT # L01000005269

1. Entity Name

DIANNE JOYCE INTERNATIONAL, L.L.C.



FILED
03 MAY -7 PM 12:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

3225 AVIATION AVENUE
SUITE 501
COCONUT GROVE FL 33133

Mailing Address

3225 AVIATION AVENUE
SUITE 501
COCONUT GROVE FL 33133

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 65-1101127

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

JOYCE, DIANNE
3225 AVIATION AVENUE
COCONUT GROVE FL 33133

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 May 1, 2003

900018461629
05/07/03--01090--008 **200.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE P
NAME JOYCE, DIANNE
STREET ADDRESS 3225 AVIATION AVE., SUITE 501
CITY-ST-ZIP COCONUT GROVE FL 33133

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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:

Dianne Joyce REQUIRED

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

Date

Daytime Phone #

CR2E083 (10/02)