

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

FILED
Jun 05, 2002 8:00 am
Secretary of State

06-05-2002 90417 013 ****55.00

DOCUMENT # **L 01000005452**

1. Entity Name

BEADAZZLED LLC

DO NOT WRITE IN THIS SPACE

968601

2. Principal Place of Business

19415 GOLDEN SLIPPER PLACE

Suite, Apt. #, etc.

3. Mailing Address

19415 GOLDEN SLIPPER PLACE

Suite, Apt. #, etc.

City & State

LUTZ FLORIDA

City & State

LUTZ, FL

4. FEI Number

59-3711789

Applied For

Not Applicable

Zip

33558

Country

USA

Zip

33558

Country

USA

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

STEPHEN C. SULLIVAN

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

315 E. HYDE PARK AVENUE

City

TAMPA

FL

Zip Code

33606

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IN THIS SPACE**

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
**MGRM
VIRGINIA V. LINDQUIST
19415 GOLDEN SLIPPER PLACE
LUTZ, FL 33558**

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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:

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

Virginia V. Lindquist

Date

Daytime Phone #

6/3/02 813-72-1011

CR2E083B (12/01)