

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000005687

Entity Name

CCENT ON THREADS & PROMOTIONS, LLC



**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90187 026 \*\*\*\*50.00

Principal Place of Business  
525 S. CR 427  
STE 153  
LONGWOOD FL 32750

Mailing Address  
525 S. CR 427  
STE 153  
LONGWOOD FL 32750

2. Principal Place of Business  
525 S. Ronald Reagan Blvd.  
Suite, Apt. #, etc.  
Suite 153

3. Mailing Address  
525 S. Ronald Reagan Blvd.  
Suite, Apt. #, etc.  
Suite 153

City & State  
Longwood, FL

City & State  
Longwood, FL

Zip  
32750

Country  
USA

Zip  
32750

Country  
USA

4. FEI Number 59-3715128

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent  
HODGES, GEORGE  
585 SOUTH CR-427, SUITE 121  
LONGWOOD FL 32750-5462

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
585 S. Ronald Reagan Blvd.  
Suite 121  
City  
Longwood FL Zip Code  
32750-5462

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 George Hodges George Hodges, EA 4/22/03  
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**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	MGRM			
	COLOSIMO, CAROL L	1310 CARLSON DR	ORLANDO FL 32804	

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: Carol Colosimo RECAROL Colosimo 4/28/03 407-831-3811  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0004943

CR2E083 (10/02)