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

04-30-2003 90185 012 \*\*\*\*50.00

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

## DOCUMENT # L0100006188

INTERIOR FOLIAGE CONSULTANTS, LLC

SIGNATURE:

				_ ] ~				
•		Mailing Address						
18350 SW 254TH STREET HOMESTEAD FL 33031		18350 SW 254TH STREET HOMESTEAD FL 33031						
					### ### ##############################	## <b>##</b> ################################	AL 1816 1846	
2. Principal Pl	ace of Business SE WILLOUF/HBY #, etc. BLV B.	3. Mailing Address 2608 SE Will	LCougHBy 6	22/2				
Suite, Apt. #, etc. BLVB.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State STUART, FL		City & State  STUART,		4. FEI Num	65-1104832	<del>-   -</del>	plied For t Applicable	
34994 Country A		34994	Country 45A	5. Certifica	ite of Status Desired	\$5.00 Add Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
GILLMAN; JO				. <u> </u>				
18350 SW 254TH STREET			Street-Addre	Street Address (P.O. Box Number is Not Acceptable)				
HOMESTEAD FL 33031					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>		
			City 5 T	UART	F	-L 30 200	994	
	named entity submits this statement for	the purpose of changing its re			ooth, in the State of Florida. I a	am familiar with, a	and accept	
the obligations of registered agent.  SIGNATURE  Signature, typed or forighted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
<del></del>	Signatura, typed or printed risking or registered agons a		<del></del>	<del></del>		<u></u>		
FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department of State								
		,	By May 1, 2003	Illiwite we women			Ì	
9.	MANAGING MEMBER	RS/MANAGERS	10.		ADDITIONS/CHANG	GES		
TITLE	MGRM	☐ Delete	TITLE	-		Change	☐ Addition	
NAME STREET ADDRESS	GILLMAN, JO 18350 SW 254 STREET		NAME STREET ADDRESS	LOR SE	WILLOUGHBY	BLVD		
CITY-ST-ZIP	HOMESTEAD FL 33031		CITY-ST-ZIP	TUART	WILLOUGHBY FL 34994	-	•	
TITLE		☐ Delete	TITLE		<del></del>	☐ Change	Addition	
NAME	•		NAME					
STREET ADDRESS [ CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP		•			
TITLE	<u> </u>	☐ Delete	TITLE			☐ Change	Addition	
NAME )		LI DERCE	NAME			C) Ourogo	F) Maniani	
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CITY-ST-ZIP			CITY-ST-ZIP					
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP				(	
TITLE		☐ Delete	TITLE		<del></del>	☐ Change	Addition	
NAME			NAME CTREET APPREAD				]	
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZIP				ļ	
11. I hereby c	ertify that the information supplied with	this filing does not qualify for the		in Section 119.07(3	3)(i), Florida Statutes, I further	certify that the in	formation	
indicated (	on this report is true and accurate and to bility company or the receiver or trustee	that my signature shall have the	ne same legal effect as	s if made under oa	ith; that I am a managìng mer	nber or manager	of the	