

8/21/2002-90092

FILED
Oct 01, 2002 8:00 am
Secretary of State

08-21-2002 90092 005 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L01000006545**

1. Entity Name

ALL DRESSED UP PHOTOGRAPHY LLC

Principal Place of Business

8048 NW 10TH ST.
PLANTATION FL 33322

Mailing Address

8048 NW 10TH ST.
PLANTATION FL 33322

2. Principal Place of Business

2. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3641649

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARTINO, MARLENA
8348 NW 10TH ST.
PLANTATION FL 33322

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.

SIGNATURE

Marlena Martino

(NOTE: Registered Agent signature required when releasing)

8-1-02

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. **AGRM** MANAGING MEMBERS/MANAGERSTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPMARLENA MARTINO
9348 NW 10TH ST
PLANTATION FL 33322☐ Delete

10.

ADDITIONS/CHANGES

☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ AdditionTITLE
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CITY-ST-ZIP☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change ☐ 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:

Marlena Martino

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

Date

Daytime Phone #

8-1-02

954-382-0089

CR2E083 (9/01)