LIMITED LIABILITY COMPANY ...-UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L 0 \ 0 0 0 0 0 7 0 6 \ 1. Entity Name					SECRETARY OF STATE DIVISION OF CORPORATIONS
HUBLOT'S PTITE CHOSE LLC				02 JUN 26 AM 8: 43	
	DO NOT WRI	TE IN THIS S	SPAC	E)	
Principal Place of Business 3. Mailing Address					
Suite, Apr	AME	12942 NIGI	12942 NIGHTSHADE PL. Suite, Apt. #, etc.		
		John, Apr. *, etc.	3010, Apr. *, etc.		05/a/2 90591 047 \$50 00
City & State		City & State	BRADENTON F		4. Fb/ Number
Zip Country		Zip			5. Certificate of Status Desired \$5.00 Additional Fee Required
					7. Name and Address of Current Registered Agent
DO NOT WRITE					UARDS, SHERYL A ESQ.
				Street Address (P.O. Box Number is Not Acceptable) Second SF
IN THIS SPACE				Ste	. 157
City				City	RASOTA 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 Signature typed or printed name of registered agent and litle if applicable.					
9.	MANAGING ME	MBERS/MANAGERS	03020000000000000000000000000000000000	harainnaanadk shiro	(23.1.1272, p. (4.)
TITLE NAME	HUBLOT, CLAUDE BERNARD				3001)
STREET ADDRESS	5 12942 NIGHTSHAOF PL		NAME STREE	T AUDRESS	B (1:
CITY-ST-ZIP TITLE	BRADENTON, FL 34202		CITY.	SI-ZP	CR2E083B (12/01)
NAME	HUBLOF, PETRA		NAME		CR2
STREET ADDRESS CITY-ST-ZIP	DRESS 12942 NightsHADE PL.		(1994) 1-98	T ADORESS ST-ZIP	
TITLE	102.136.0100. 72.30.00				
NAME STREET ADDRESS			NAME	TADDRESS	
CITY-ST-ZIP			5 7 5 7 5 C	OTY ST AP DO NOT WRITE	
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NAME .			HILE NAME		
STREET ADDRESS CITY-ST-ZIP			STREE	Tadoress St. 7/d	0
DTLE			TITLE		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
NAME STREET ADDRESS			NAME.	Tabboree	7075.780/
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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.					
10-001					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND NORWAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Priories					
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