

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90103 030 *****50.00

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DOCUMENT # L01000007190

1. Entity Name

NEW BEACH ART GALLERY, L.L.C.



Principal Place of Business

**531 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32080**

Mailing Address

**531 A1A BEACH BLVD.
ST. AUGUSTINE BEACH FL 32080**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3738962**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PARTOS, GINA
531 A1A BEACH BLVD
ST AUGUSTINE FL 32080**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Gina Partos
Signature, typed or printed name of registered agent and title if applicable

4/25/03
(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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
PARTOS, GINA
701 A1A BEACH BLVD, #C
ST. AUGUSTINE FL 32080**
☒ Delete
** Change of address →*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Managing Director
Partos, Gina
531 A1A Beach Blvd.
ST. AUGUSTINE, FL 32080**
☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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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:

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

4/25/03
Date

(904) 461-1123
Daytime Phone #

CR2E083 (10/02)