

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90071 045 ****50.00

DOCUMENT # L01000007414 ✓

1. Entity Name

PURPLE TIGER DANCE STUDIO, L.L.C.

#11644-1

Principal Place of Business

P.O. BOX 49948
 SARASOTA FL 34230-6948

Mailing Address

P.O. BOX 49948
 SARASOTA FL 34230-6948

2. Principal Place of Business

850 S. Tamiami TR

3. Mailing Address

SAME

Suite, Apt. #, etc.

701

Suite, Apt. #, etc.

City & State

SARASOTA FL

City & State

Zip

34236

Country

USA

Zip

Country

4. FEI Number

65-1104028

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DOERR, KENNETH D
 240 S. PINEAPPLE AVE., 10TH FLOOR
 SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

MARGARET BURNS

Street Address (P.O. Box Number is Not Acceptable)

850 S. Tamiami TR. #

City

SARASOTA

FL

Zip Code

34236

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

MC OWNER

Margaret Burns

850 S. Tamiami Trail #701

Sarasota, FL 34236

☒ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

CR2E083 (9/01)

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:

~~UNNATURAL REQUIRED~~

Margaret Burns, Manager

4/17/02 (941) 366-6660

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

Date

Daytime Phone #