

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2003 8:00 am
Secretary of State

09-25-2003 90042 012 ****50.00

0005188

DOCUMENT # L01000008856

1. Entity Name

PURSEPAL, LLC



Principal Place of Business

Mailing Address

**6 VIA LOS INCAS
PALM BEACH FL 33480**

**6 VIA LOS INCAS
PALM BEACH FL 33480**

2. Principal Place of Business

277 Royal Poinciana Way
Suite, Apt. #, etc. **Suite 118**

3. Mailing Address

277 Royal Poinciana Way
Suite, Apt. #, etc. **Suite 118**

City & State

Palm Beach FL

City & State

Palm Beach, FL

Zip

33480

Country

US

Zip

33480

Country

US



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1121500**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**PORTER, WILLA K
6 VIA LOS INCAS
PALM BEACH FL 33480**

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

SIGNATURE **Willie K. Porter**

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

(NOTE: Registered Agent signature required when reinstating)

9/21/03

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **PORTER, WILLA K**
STREET ADDRESS **6 VIA LOS INCAS**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Willa K. Porter

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

9/21/03

Date

561-651-7328

Daytime Phone #

CR2E083 (4/03)