

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90088 030 ****50.00

DOCUMENT # L01000011151

1. Entity Name
PERFECT OCCASIONS PARTY SUPPLY & CATERING, LLC.



Principal Place of Business
**1214 MINNESOTA AVE
ST CLOUD FL 34769**

Mailing Address
**1214 MINNESOTA AVE
ST CLOUD FL 34769**

2. Principal Place of Business
4221 13th Street
Suite, Apt. #, etc.

3. Mailing Address
4221 13th Street
Suite, Apt. #, etc.

City & State
St. Cloud, FL
Zip
34769 Country
Osceola

City & State
St. Cloud, FL
Zip
34769 Country
Osceola

4. FEI Number **59-3735956**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERGER, KAREN
1275 JAN LAN BLVD
ST CLOUD FL 34772**

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

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERGER, KAREN
1214 MINNESOTA AVE
SAINT CLOUD FL 34769** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BERGER, PIERRE
1214 MINNESOTA AVE
SAINT CLOUD FL 34769** ☐ 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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4221 13th ST.
SAINT CLOUD, FL 34769** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**4221 13th ST.
SAINT CLOUD, FL 34769** ☒ Change ☐ Addition

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

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☐ 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: KAREN BERGER **REQUIRE** **KAREN BERGER** **4/17/03** **892-5242**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CPRE083 (10-02)