

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000011162

1. Entity Name

KAREN SUE'S COUNTRY CUTS, LLC

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**

05-06-2002 90125 005 \*\*\*\*50.00

Principal Place of Business

2215 N US #1  
MIMS FL 32754

Mailing Address

2215 N US #1  
MIMS FL 32754

2. Principal Place of Business

2215 N US #1

3. Mailing Address

2215 N US #1

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Titusville, FL

City & State

Titusville, FL

Zip

32796

Country

Brevard

Zip

32796

Country

Brevard

4. FEI Number

59-3728206

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

GREER, PAMELA E

4210 CANELA RD  
COCOA FL 32927

6600 CG Ranch Ln  
Scottsmeer, FL 32775

Name

Street Address (P.O. Box Number is Not Acceptable) 5

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.

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

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM Sharon Presley  
4885 Lloyd St  
Mims, FL 32754 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM Vicki Carlile  
6380 Dixie Way  
Scottsmeer, FL 32775 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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: *Vicki Carlile* REQUIRED

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

MGRM

(321) 385-9020

Date

Daytime Phone #

CR2E083 (9/01)