

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 27, 2002 8:00 am
Secretary of State

02-27-2002 90061 019 ****50.00

DOCUMENT # L01000012882

1. Entity Name

ANERROTIC TOUCH ESCORTS, LLC

Principal Place of Business

**2090 S. NOVA RD., #105A
SOUTH DAYTONA FL 32119**

Mailing Address

**41 KENT DR.
ORMOND BEACH FL 32176****824982**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3735297

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$5.00 Additional
Fee Required****6. Name and Address of Current Registered Agent****DELANNOY, DORIS
41 KENT DR.
ORMOND BEACH FL 32176****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.

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**TITLE **MEMBER** ☐ Delete
NAME **DORIS DELANNOY**
STREET ADDRESS **41 KENT DRIVE**
CITY-ST-ZIP **ORMOND BEACH FL 32176**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**10. ADDITIONS / CHANGES**TITLE **MEMBER** ☐ Change ☒ Addition
NAME **DORIS DELANNOY**
STREET ADDRESS **41 KENT ST**
CITY-ST-ZIP **ORMOND BEACH FL**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Doris Delannoy* REQUIRED

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

01/16/02 386-676-2542
Date Daytime Phone #

CR2E083 (9/01)