

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # L01060012899

1. Entity Name

The Write Stuff LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 OCT 31 AM 10:44

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 South MacDill

3. Mailing Address

same

Suite, Apt. #, etc.

#105

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

33629

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Jeannine Edwards

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

3225 South MacDill

#105

City

Tampa

FL

Zip Code
33629

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.

Jeannine Edwards

10.24.02
DATE

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Jeannine Edwards 3225 S. MacDill, #105 Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Shannon Henderson 3225 S. MacDill #105 Tampa, FL 33629	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300008715303 10/31/02--01010--004 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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:

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

Jeannine Edwards

10.24.02 213.837
0400
Date Daytime Phone #

CR2E083B (12/01)

282

The Write Stuff
3225 S. MacDill Avenue, #105
Tampa, Florida 33629

October 24, 2002

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

Reference: The Write Stuff, LLC

To whom it May Concern:

I am writing to inform you that The Write Stuff, LLC did not receive 2002 Uniformed Business Report form due to an incorrect address filed. I am enclosing it here along with my check for \$50.00

I am hoping you will waive reinstatement penalty form for untimely Uniformed Business Report Filing.

All correspondence regarding The Write Stuff, LLC should go to:
3225 S. MacDill Avenue, #105
Tampa, Florida 33629

Best,



Jeannine Edwards
Proprietor, The Write Stuff

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 OCT 31 AM 10:43