

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90001 012 ****55.00

DOCUMENT # L01000013874

1. Entity Name
MOMAX BOUTIQUE; L.L.C.



Principal Place of Business
**150 EAST BOCA RATON ROAD
BOCA RATON FL 33432**

Mailing Address
**6352 VIA VENETIA N
DELRAY BEACH FL 33484**

As of Nov 1, 2003

As of Nov 1, 2003

2. Principal Place of Business
12097 Oakvista Dr.
Suite, Apt. #, etc.

3. Mailing Address
12097 Oakvista Dr.
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State
Boynton Beach, FL
Zip
33437
Country
USA

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Boynton Beach, FL
Zip
33437
Country
USA

4. FEI Number **65-1128498**

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

**ROTH, CARLA D
6352 VIA VENETIA NORTH
DELRAY BEACH FL 33484**

*New Address
as of Nov 1, 2003*

Name **Roth, Carla D.**
Street Address (P.O. Box Number is Not Acceptable)
12097 Oakvista Drive

City **Boynton Beach** FL Zip Code **33437**

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 *Carla D. Roth*
Signature, typed or printed name of registered agent and title if applicable.

Carla D. Roth
(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

10. ADDITIONS / CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
ROTH, CARLA D
6352 VIA VENETIA NORTH
DELRAY BEACH FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Address chg as of
Nov 1, 2003
12097 Oakvista Dr
Boynton Beach, FL 33437** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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: *Carla D. Roth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9-21-03

561-638-7588

Date Daytime Phone # **09-26-2003 90001 012 ****55.00**

CR2E083 (4/03)