LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
05-03-2002 90022 045 ****50.00

DOCUMENT # L01000014299

1. Entity Name
The Truth Is... LLC

DO NOT WRITE IN THIS SPACE

951646

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11786 NW 26 CT	11786 NW 26 Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs Fl.	City & State: Coral Sp Fl
Zip: 33065 Country: USA	Zip: 33065 Country: USA

4. FEI Number 136-32-2731 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Eileen M. Alia

Street Address (P.O. Box Number is Not Acceptable): 11786 NW 26 CT

City: Coral Springs **FL** Zip Code: 33065

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: Eileen M. Alia
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	manager
NAME	Meredith K. Alia
STREET ADDRESS	11786 NW 26 CT
CITY-ST-ZIP	Coral Springs Fl. 33065
TITLE	
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CR2E083B (12/01)

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: x Meredith K. Alia 6/24/02 954-605-5975
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #