

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90181 031 ****55.00

DOCUMENT # L01000014720

1. Entity Name
NINA VERIRICHI, L.L.C.

Principal Place of Business

**7 VANDERBILT PL.
 PALM COAST FL 32164**

Mailing Address

**7 VANDERBILT PL.
 PALM COAST FL 32164**

2. Principal Place of Business

**3 Cypress Branch Way
 Suite 105**

3. Mailing Address

SAME

City & State

Palm Coast, FL

City & State

Zip

32164

Country

FLAGLER

Zip

Country

4. FEI Number

59-3743094

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**IVANOVSKAYA, NINA
 7 VANDERBILT PL.
 PALM COAST FL 32164**

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 *Nina Ivanovskaya* **NINA IVANOVSKAYA, MANAGER** **PRESIDENT** **3-01-02**
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 **MANAGER** ☐ Delete
 NAME **NINA IVANOVSKAYA**
 STREET ADDRESS **7 VANDERBILT PL. PALM COAST, FL.**
 CITY-ST-ZIP **32164**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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: *Nina Ivanovskaya* **3-01-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)