## 12-2003

## ED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000015157

1. Entity Name

2. Principal Pla

Country Clutter of Orlando, LLC



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SECRETARY OF STATE TALITAHASSEE, FLORIDA

2. Principal Place of Business 5401 W. Oakridge Rd	3. Mailing Address 5401 W. Oakridge Rd	04/08/0301075012 **100.00
		600015479386

Suite, Apt. #, etc. #10		Suite, Apt. #, etc. #10		DO NOT WRITE	DO NOT WRITE IN THIS SPACE		
City & State Orlando, FL		City & State Orlando, FL		4. FEI Number		Applied For  ✓ Not Applicable	
32819	Country USA	32819	Country USA	5. Certificate of Status Desired		\$5.00 Additional Fee Required	

## DO NOT WRITE IN THIS SPACE

7. Name and Address of Current R	egistered .	Agent	- 11
Name Davids S. Cohen, Esq.			
Street Address (P.O. Box Number is Not Acceptable)	(a		
5728 Major Blvd., Suite 550			
City Orlando	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	David S. Cohen, Esq.	
Signature, typed or printed name of registered	agent and title if applicable.	DATE
J .	FEE IS \$50.00	

DUE BY MAY 1-

9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager/Member Jan Clark 73 20 Westpointe Blud., #533 Orian do FL 3283 5	NAME STREET ADDRESS OTIV-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE  NAME  STREET ADDRESS  CITY-ST- ZP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ·	STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE STREET ADDRESS
NAME STREET ADDRESS CITY-ST-ZIP		TITLE  NAME  STREET ADDRESS  CITY ST. 2P
TITLE NAME STREET ADDRESS CITY-ST-ZIP		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: gan Clark 4-3-0.	<b>3</b> 407-351-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date	Daytime Phone #

## LAW OFFICES OF DAVID S. COHEN, LC

5728 Major Boulevard Suite 550 Orlando, FL 32819 Tel: 407-354-3420 Fax: 407-354-3840

March 14, 2003

Department of State Division of Corporations Corporate Filings P.O. Box 6327 Tallahassee, FL 32314

Re: Country Clutter of Orlando, LLC

Document No: L01000015157

Dear Sirs or Madam:

As per my conversation with your office, Country Clutter of Orlando, LLC never received the UBR form for 2002 and 2003 nor any other notices from the State. It appears that the mailing address and the registered agent office address stated in the Articles of Incorporation were apparently transpose when entered into your system.

I have enclosed a check in the amount of \$100.00 representing the UBR fees for 2002 and 2003 and the 2003 UBR form for filing. This should satisfy your requirements to reinstate Country Clutter of Orlando, LLC as an active company. Also, please be advised that the correct address for Country Clutter of Orlando, LLC should be as follows:

Principal Address:

5401 W. OAKRIDGE ROAD, SUITE 10

ORLANDO, FL 32819

Mailing Address:

5401 W. OAKRIDGE ROAD, SUITE 10

ORLANDO, FL 32819

Should you have any questions any questions or concerns, please feel free to contact me.

Yours truly,

Pedro J. Malaret, JD