7/21/2002-9001

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-21-2002 90015 032 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015187

1. Entity Name

EXCEPTIONAL WEDDINGS, L.L.C.

Principal Place of Business	Mailing Address
14-B BREN MAR LANE PALM COAST FL 32164	14-B BREN MAR LANE PALM COAST FL 32164

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
61 Pebble Beach Dr.	61 Pebble Beach Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast FL	City & State: Palm Coast FL
Zip: 32164 Country: Flagler	Zip: 32164 Country: Flagler

4. FEI Number: 59-3756120 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ST. PIERRE, GAIL
14-B BREN MAR LANE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Gail St. Pierre
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 September 25, 2002

9. President MANAGING MEMBERS/MANAGERS

TITLE	
NAME	Gail St. Pierre Owner ☐ Delete
STREET ADDRESS	61 Pebble Beach Dr.
CITY-ST-ZIP	Palm Coast, FL. 32164
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	☐ Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

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

CR2E083 (4/02)

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: Gail St. Pierre SIGNATURE REQUIRED

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

Date (386) 446-8866 Daytime Phone #