2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016193 1. Entity Name SEABREEZE SWEET SHOP, LLC					er corp	<u>503</u> 4 10:09:8 4-200 ORATIONS	1109 Ó I 3 90749 0	428 38****51	0.00
Principal Place of Business Mailing Address				ALLA	HASSEE,	FLORIDA			
5861 N. OCEANSHORE BLVD. PALM COAST FL 32137		5881 N. OCEANSHORE BLVD. PALM COAST FL 32137			3 (80)	(c) 251 4518((1814 86174 84 1	14 481(1 22(5) (1 2	: A P 11 0 0 41 B 1A 48	, H AR 1886 1 88 6
2. Principal Place of Business		3. Mailing Address]] 65 59) 1,425 1,5]] 64 50 65 00 1,5		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State		· ,	4. FEI Num	ber 2	863		oplied For
Zip	Country	Zip	Country	y		te of Status Desired		\$5.00 Add Fee Require	
	-8. Name and Address of Current I	legistered Agent			.7. Name ar	d Address of New	Registered /	\gent :	٠٠ در سبي
BABER, THOMAS E 5861 N. OCEANSHORE BLVD. PALM COAST FL 32137			· - -	Street Address (P.O. Box Number is Not Acceptable)					
			}	City	······································		FL	Zip Cod	θ
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	egistered	office or register	ed agent, or b	oth, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent a	ad tile if anothering	Day mand 4	Igent signature required			DATE		
Make Check Payable to			to Flor	EE IS \$50.00 ida Departme 1, 2003	nt of State	,	· . ·		
9.	MANAGING MEMBERS/MANAGERS					ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BABER, THOMAS E 5861 N. OCEANSHORE BLVD. PALM COAST FL 32137	☐ Delete	NAME STREET CITY-ST	ADDRESS T-ZIP	·			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LYNS, JOAN T 5861 N. OCEANSHORE BLVD. PALM COAST FL 32137	☐ Delste	TITLE NAME STREET	ADDRESS T-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	The state of the s	Delete	"TITLE " NAME STREET, CITY-ST	ADORESS T-ZIP			- <u>-</u>	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE - NAME - STREET /	ADDRESS T-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET	ADORESS 1-ZIP				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST				·	Change	Addition
11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

SNAT AD EQUIRED 4/8/03 386-446-423/



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood Secretary of State

FILED

2003 MAY - 7 AM 10: 28

DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA

April 25, 2003

SEABREEZE SWEET SHOP, LLC 5861 N. OCEANSHORE BLVD. PALM COAST, FL 32137

SUBJECT: SEABREEZE SWEET SHOP, LLC

Ref. Number: L01000016193

We have received your document for SEABREEZE SWEET SHOP, LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the uniform business report/annual report or reinstatement application or attach a photocopy of the FEI number application to the document before we can complete your filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan

Document Specialist Non Mr. Buyan, Letter Number: 803A00025259

- number is _20-0012863

That you for you attention.

You In Juny,

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