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

## FILED May 22, 2002 8:00 am Secretary of State

05-22-2002 90200 012 \*\*\*\*50.00

## DOCUMENT # L01000017060 1. Entity Name Bay Hill Florist, LLC 6766 Edgeworth Drive Orlando, Florida 32819 965489 DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 6766 Edgeworth Drive 7784 Sand Lake Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Orlando, Florida 4. FEI Number Applied For Orlando, Florida 59-3751136 Not Applicable Country Country <sup>Zip</sup> 32819 -\$5.00 Additional 5. Certificate of Status Desired 32819 Fee Required 7. Name and Address of Current Registered Agent Name Philip K. Calandrino, P.A. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) 7232 Sand Lake Road, Suite 201 IN THIS SPACE Orlando 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 Signature, typed or printed name of registered agent and title if applicable. FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** 9. MANAGING MEMBERS/MANAGERS TITLE MGRM TITLE NAME JoAnn Calandrino NAME STREET ADDRESS 6766 Edgeworth Drive STREET ADDRESS CITY-ST-ZIP Orlando, FL 31819 CITY ST ZIP TITLE ППЕ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-7IP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAMI\* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

JoAnn Calandrino, Member-Manager

SIGNATURE MANAGER, OR AUTHORIZED REPRESENTATIVE 5-1-02

Date

407-226-7122

Daytime Phone #