2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000017715 1. Entity Name CAMELLE'S ART OF DANCE, L.L.C.

FILED Feb 12, 2002 8:00 am Secretary of State 02-12-2002 90090 021 ****50.00

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ROMERO, CAMELLE \$310 WATER LILLY CT., APT. 404 FORT MYERS FL 33919 B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signales, hydel or privated here as diregistered signal and late if explicable. MOTE Represent Agent speaks or implication of the registered agent, or both, in the State of Florida. FILE NOW!!! FEE IS \$50.00	Zip	Country	Zip	Zip Country			5 Certificate of Status Desired \$5.00					
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S310 WATER LILLY CT., APT. 404 FORT MYERS FL 33919 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. SIGNATURE Signature, hoed or private name of registered agent end title (supercise) PILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MILE ROMERO, CAMELLE SIGNATURE SIGNET ADDIESS SIGNATURE SIGNET ADDIESS SIGNATURE OF THE MANE SIGNET ADDIESS SIGNATURE SIGNATURE SIGNATURE OF THE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES OTH-ST-ZIP OTHER NAME SIGNET ADDIESS SIGNATURE CONTROL OF THE ADDIESS SIGNATURE CONT	•					Name			•			
B. 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 size if expectations are desired when reinstanting) DATE	9310 WATER LILLY CT., APT. 404					Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. SIGNATURE Signature, speed or privad name of registered algent and steel it applicable INDER Registered Algent separative required when relictation(x) DATE	FOF	IT MYERS FL 33919										
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Signature, speed or printed name of registrered agent and tall & appointance of the properties of the payable to Department of State Due By May 1, 2002	8. The above	named entity submits this statement	t for the pur	pose of changing its r	egister	ed office or regis	stered agent,	or both, in the State of Flor	ida.		-~	
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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			dels also del	- deep			Castic - 110	07/3)(i) Florida Statuta - 1	further set	futbat the	information	1

limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REQUIRED

AGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE