2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 19, 2002 8:00 am
Secretary of State
08-19-2002 90136 012 ****50.00

[redacted]

DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000018274

1. Entity Name
CHELLE STACK'S GYMNASTICS, L.L.C.

Principal Place of Business	Mailing Address
5513 PGA BLVD., #4813 ORLANDO FL 32839	5513 PGA BLVD., #4813 ORLANDO FL 32839

2. Principal Place of Business		3. Mailing Address	
6870 Stapoint Ct.		6870 Stapoint Ct.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Winter Park, Fl		City & State: Winter Park Fl	
Zip: 32792	Country: USA	Zip: 32792	Country: USA

4. FEI Number: 59 3752450 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STACK, CHELLE
5513 PGA BLVD., #4813
ORLANDO FL 32839

7. Name and Address of New Registered Agent

Name: Chelle Stack
Street Address (P.O. Box Number is Not Acceptable): 6870 Stapoint Ct
City: Winter Park FL Zip Code: 32792

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: Chelle Stack Chelle Stack DATE: 7/12/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR STACK, CHELLE 5513 PGA BLVD., #4813 ORLANDO FL 32839	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR Stack, Chelle 6870 Stapoint Ct Winter Park, Fl 32792	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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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: Chelle Stack 7/12/02 407/657/8774
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #