

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2003 8:00 am**  
**Secretary of State**

02-04-2003 90057 021 \*\*\*\*55.00

**DOCUMENT # L01000019342**

1. Entity Name

**DUMPLINI, LLC**



Principal Place of Business

**196 DOVE CIRCLE  
ROYAL PALM BEACH FL 33411**

Mailing Address

**196 DOVE CIRCLE  
ROYAL PALM BEACH FL 33411**

2. Principal Place of Business

**1155 Royal Palm Beach Blvd**

3. Mailing Address

**1155 Royal Palm Beach Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

**Royal Palm Beach FL**

City & State

**Royal Palm Beach FL**

Zip

Country

**33411**

**Palm Beach**

Zip

Country

**3411**

**Palm Beach**

4. FEI Number

**32-0007299**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS NETWORK INC.  
941 FOURTH STREET #200  
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

**TARYLL HURBS**

Street Address (P.O. Box Number is Not Acceptable)

**1155 Royal Palm Beach Blvd**

**Royal Palm Beach**

City

**FL**

Zip Code

**33411**

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

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 Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
HURBS, TARYLL  
196 DOVE CIRCLE  
ROYAL PALM BEACH FL 33411** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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STREET ADDRESS  
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TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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:**

**SIGNATURE**

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

Date

Daytime Phone #

CR2E083 (10/02)