

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 25, 2002 8:00 am
Secretary of State

09-25-2002 90117 010 ****50.00

DOCUMENT # L01000019597

1. Entity Name

TIMELESS TREASURES, LLC

Principal Place of Business

Mailing Address

**6574 NORTH STATE RD. 7 #342
 COCONUT CREEK FL 33073**

**6574 NORTH STATE RD. 7 #342
 COCONUT CREEK FL 33073**

2. Principal Place of Business

3. Mailing Address

5 FEDERAL HWY.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DANIA BEACH, FL.

City & State

4. FEI Number

65-1159470

Applied For

Not Applicable

Zip

33004

Country

USA

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SISSON, LARRY
 218 SOUTHERN COUNTRY LANE
 QUINCY FL 32351**

Name
TANYA M. LAWSON

Street Address (P.O. Box Number is Not Acceptable)
6235 NW 53RD CIRCLE

City
CORAL SPRINGS

FL

Zip Code
33067

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 *Tanya Lawson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9/22/02

DATE

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	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
PRESIDENT/MANAGING MEMBER	TANYA M. LAWSON	6235 NW 53RD CIRCLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
		CORAL SPRINGS, FL 33067	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
			<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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: *Tanya Lawson*

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

9/22/02 (954) 575-2979

Date

Daytime Phone #