

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

City & State

DANIA BEACH, FL.

Zip **33004**

Country

USA

Zip

Country

4. FEI Number

65-1159470

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

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

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 Department of State
 Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10.

ADDITIONS/CHANGES

☐ Delete

☐ Change

☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**PRESIDENT/MANAGING MEMBER
 TANYA M. LAWSON
 6235 NW 53RD CIRCLE
 CORAL SPRINGS, FL 33067**

☐ Change

☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

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

9/22/02 (954) 575-2979

Date

Daytime Phone #

CR2E083 (4/02)