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

## DOCUMENT # L01000019999

1. Entity Name

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

## WOMEN FOR COMMUNITY CONCERNS, LLC



**FILED** Feb 05, 2003 8:00 am Secretary of State 02-05-2003 90036 037 \*\*\*\*55.00

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Principal Place of Business 5606 BRIAR DRIVE		Mailing Address 619 JOHN ANDERSON	I HIGHWAY								
ORLANDO FL 3	32819		FLAGLER BEACH FL 3	32136			IL DIN BOURL NAME AND	1 <b>03</b> 111 00101110	1 <b>3</b> 4 <b>3</b> 11 <b>5</b> 4 <b>3</b> 11 <b>5</b> 11	UNI 1814 1834	
2. Principal Place of Business		3. Mailing Address	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State	City & State		4. FEI Numb	4. FEI Number 59-3756789 Applied Not App					
Zip		Country	Zip	Coun	try	5. Certificate	e of Status Desired		\$5.00 Add	ditional	
	6. Name a	and Address of Curre	nt Registered Agent			7. Name and	d Address of New F	Registered A	gent		
1470 7	DED DOOF	אאחור			Name						
WILDER, ROSEMARIE 619 JOHN ANDERSON HIGHWAY FLAGLER BEACH FL 32136						Street Address (P.O. Box Number is Not Acceptable)					
				,	City			FL	Zip Cod	e	
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	named entity ions of registe		for the purpose of changin	ng its registere	ed office or regis	stered agent, or bo	tn, in the State of Flo	orida. I am fa	amiliar with,	and accept	
SIGNATURE .	Signature, typed or							DATE.			
		r printed name of registered age	ent and title if applicable.	(NOTE: Registered	d Agent signature requ	uired when reinstating)					
		r printed name of registered age			Agent signature requ	<u> </u>					
		, printed name of registered age		E NOW!!! F	FEE IS \$50.0 orida Departn	00	,				
9.			FILE	E NOW!!! F	FEE IS \$50.0 orida Departn	00	ADDITIONS,	/CHANGES			
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