

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

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90001 035 ****50.00

DOCUMENT # L01000021032

1. Entity Name

LOVE'S LURES, LLC

930700

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business

6531 43RD ST. N.

Suite, Apt. #, etc.

#1609

City & State

PINELLAS PARK, FL

Zip 33781

Country USA

3. Mailing Address

6531 43RD ST. N.

Suite, Apt. #, etc.

#1609

City & State

PINELLAS PARK, FL

Zip 33781

Country USA

4. FEI Number

59-3760106

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

THOMAS E. MORGAN

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

2437 ANTHONY AVE.

City

CLEARWATER

FL

Zip Code

33759

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IN THIS SPACE**

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.

SIGNATURE

Thomas E. Morgan

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

3-4-2002

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE PRESIDENT/MANAGING MEMBER
NAME THOMAS E. MORGAN
STREET ADDRESS 2437 ANTHONY AVE
CITY-ST-ZIP CLEARWATER, FL 33759

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGING PARTNER
NAME STEPHEN LOVE
STREET ADDRESS 8700 92ND ST. N.
CITY-ST-ZIP LARGO, FL 33777

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MANAGING PARTNER
NAME WILLIAM LOVE
STREET ADDRESS 6855 GEORGE M. LYNCH DR. N.
CITY-ST-ZIP ST. PETERSBURG, FL 33702

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IN THIS SPACE**

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.

THOMAS E. MORGAN

SIGNATURE:

Thomas E. Morgan

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

3-4-2002

Date

727-527-8195

Daytime Phone #

CR2E083B (12/01)