

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

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90017 035 ****50.00

DOCUMENT # L01000021317

1. Entity Name

ECCLESTONE INTERIORS, LLC

DO NOT WRITE IN THIS SPACE

936166

2. Principal Place of Business
357 Hiatt Drive

Suite, Apt. #, etc.

A

City & State
Palm Beach Gardens, FL

Zip
33418

Country
USA

3. Mailing Address

357 Hiatt Drive

Suite, Apt. #, etc.

A

City & State
Palm Beach Gardens, FL

Zip
33418

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1159097

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

E. Llwyd Ecclestone, III

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

357 Hiatt Drive

Suite A

City

Palm Beach Gardens

FL

Zip Code

33418

**DO NOT WRITE
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

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

E. Llwyd Ecclestone, III

3/26/02

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE
Member
NAME
Ecclestone, E. Llwyd III
STREET ADDRESS
357 Hiatt Drive, Suite A
CITY-ST-ZIP
Palm Beach Gardens, FL 33418

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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.

SIGNATURE:

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

3/26/02

Date

(561) 627 1270

Daytime Phone #

CR2E083B (12/01)