

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90075 011 *****50.00

DOCUMENT # L01000021448

1. Entity Name

GIRL INTERRUPTED, L.L.C.



Principal Place of Business

**1717 N. BAYSHORE DR.
SUITE 102
MIAMI FL 33132**

Mailing Address

**1717 N. BAYSHORE DR.
SUITE 102
MIAMI FL 33132**

2. Principal Place of Business

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 215

City & State

MIAMI, FLORIDA

Zip

33132

Country

USA

3. Mailing Address

1717 N. BAYSHORE DR.

Suite, Apt. #, etc.

SUITE 215

City & State

MIAMI, FLORIDA

Zip

33132

Country

USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1159826**

☒ 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

**BEDARD, DENNIS R
1717 N. BAYSHORE DR.
SUITE 102
MIAMI FL 33132**

Name **BEDARD, DENNIS R**

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

1717 N. BAYSHORE DR. SUITE #215

City

MIAMI, FLORIDA

FL

Zip Code

33132

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 Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **EDARD, DENNIS R**
STREET ADDRESS **1717 N. BAYSHORE DR. SUITE 102**
CITY-ST-ZIP **MIAMI FL 33132**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BEDARD, DENNIS R**
STREET ADDRESS **1717 N. BAYSHORE DR SUITE 215**
CITY-ST-ZIP **MIAMI, FLORIDA 33132**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

8/19/03

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

Date

Daytime Phone #

CR2E083 (4/03)