

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

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90295 009 ****50.00

DOCUMENT # L01000021472

1. Entity Name

DIRECT FLORAL FULFILLMENT, L.L.C.

DO NOT WRITE IN THIS SPACE

955092

2. Principal Place of Business
8416 NW 17 Street

3. Mailing Address
8416 NW 17 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL

City & State
Miami, FL

Zip
33126

Country

Zip
33126

Country

4. FEI Number

80-0005059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bolanos Truxton, PA

Street Address (P.O. Box Number is Not Acceptable)
2121 Ponce de Leon Blvd.

Suite 600

City Coral Gables **FL** **Zip Code** 33134

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.

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Jose R. Azout
STREET ADDRESS 8416 NW 17 Street
CITY-ST-ZIP Miami, FL 33126

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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:

Jose R. Azout

04-21-02

305 528-3657

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

Date

Daytime Phone #

CR2E083B (12/01)