

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

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90168 037 ****55.00

DOCUMENT # L01000021617

1. Entity Name

SEPTEMBER GIRLS, L.L.C.

DO NOT WRITE IN THIS SPACE

80049606

2. Principal Place of Business

3. Mailing Address

777 EAST ATLANTIC AVE

777 EAST ATLANTIC AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#Z-289

#Z-289

City & State

City & State

DELRAY BEACH, FL

DELRAY BEACH, FL

Zip

Country

Zip

Country

33483

USA

33483

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Mary Jane Grant

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

1599 ESTUARY TRAIL

City

DELRAY BEACH

FL

Zip

33483

**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

Mary Jane Grant

3-10-02

DATE

FEE IS \$50.00

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

9. MANAGING MEMBERS/MANAGERS

TITLE: WGM
NAME: MARY JANE GRANT
STREET ADDRESS: 777 E. ATLANTIC AVE #Z-289
CITY-ST-ZIP: DELRAY BEACH, FL 33483

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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.

SIGNATURE:

Mary Jane Grant

3-10-02

54-276-6469

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

Date

Daytime Phone #

CR2E083B (12/01)