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Jul 01, 2002 8:00 am
Secretary of State
06-19-2002 90455 015 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000000090

1. Entity Name

BYGABRIELLA LLC
BYGABRIELLA LLC

[redacted]

95797

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
146 Via Largo	"
Suite, Apt. #, etc.	Suite, Apt. #, etc. "
City & State: Santa Rosa Bch., FL	City & State: "
Zip: 32459 / Country: USA	Zip: " / Country: "

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: Gabriella Huseman

Street Address (P.O. Box Number is Not Acceptable): 146 Via Largo

City: Santa Rosa Bch, FL Zip Code: 32459

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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: Gabriella A Huseman
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	~~OWNER/OPERATOR~~ Manager	TITLE	
NAME	Gabriella Huseman	NAME	
STREET ADDRESS	146 Via Largo	STREET ADDRESS	
CITY-ST-ZIP	Santa Rosa Bch. FL 32459	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E083B (12/01)

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: Gabriella A Huseman 3-20-01 (850)622-2215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #