

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90092 018 \*\*\*\*\*55.00

0004407

**DOCUMENT # L02000000613**

1. Entity Name

**GRANDE FINALE PATISSERIE, LLC**



Principal Place of Business

Mailing Address

905 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401

905 NORTH DIXIE HIGHWAY  
WEST PALM BEACH FL 33401

2. Principal Place of Business

3. Mailing Address

2710 Clubhouse Pointe 1860 Old Okeechobee Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 508

City & State

City & State

West Palm Beach, FL

West Palm Beach, FL

Zip

Country

Zip

Country

33409

USA

33409

USA

4. FEI Number

04-3586590

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

METZGER, JOHN T ESQ.  
250 AUSTRALIAN AVE. SOUTH  
SUITE 700  
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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  
NAME FIERLE, VERONICA  
STREET ADDRESS 905 NORTH DIXIE HIGHWAY  
CITY-ST-ZIP WEST PALM BEACH FL

☐ Delete

TITLE  
NAME  
STREET ADDRESS 2710 Clubhouse Pointe  
CITY-ST-ZIP West Palm Beach, FL 33409

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Delete

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☐ Change ☐ Addition

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STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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:

*Veronica Fierle*

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

7/10/03

Date

561-697-8459

Daytime Phone #

CR2E083 (4/03)