

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 22, 2003 8:00 am**  
**Secretary of State**

09-22-2003 90104 006 \*\*\*\*50.00

**DOCUMENT # L02000000616**

1. Entity Name

**SHOEBOX, LLC**



Principal Place of Business

Mailing Address

1307D PEPPER TREE TAIL  
FORT PIERCE FL 34950

1307D PEPPER TREE TAIL  
FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

908 GRANDVIEW BLVD

P.O. Box 13390

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Fort Pierce

Fort Pierce

City & State

City & State

FLORIDA

FLORIDA

Zip

Country

Zip

Country

34952

U.S.A.

34979-3390

U.S.A.



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

Applied For

02-053-4868

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

SOTKOVSKY, CRAIG  
1307D PEPPER TREE TAIL  
FORT PIERCE FL 34950

Name

CRAIG Sotkovsky

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

908 GRANDVIEW BLVD.

Fort Pierce Florida

City

FL

Zip Code

34952

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	MGRM	<input type="checkbox"/> Delete
NAME	CRAIG Sotkovsky	
STREET ADDRESS	908 GRANDVIEW BLVD.	
CITY-ST-ZIP	Fort Pierce, Florida 34952	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	NICH Sotkovsky	
STREET ADDRESS	908 GRANDVIEW BLVD.	
CITY-ST-ZIP	Fort Pierce, Florida 34952	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	Sheena Patel	
STREET ADDRESS	845 U.N. PLAZA APT 240	
CITY-ST-ZIP	N.Y., N.Y. 10017	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

772-465-8367  
9-19-03 772-370-9290

CR2E083 (4/03)