

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/16

**FILED**  
**May 09, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90033 048 \*\*\*\*50.00

DOCUMENT # L02000001286

1. Entity Name

PEDDLE POSH, LC



Principal Place of Business

~~1820 VIA CONTESSA~~ 1001 Temple Qr.  
WINTER PARK FL 32789

Mailing Address

1820 VIA CONTESSA  
WINTER PARK FL 32789

55039323



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

1001 Temple Grove  
Suite, Apt. #, etc.

3. Mailing Address

1820 Via Contessa  
Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park FL

4. FEI Number

04-359-1841

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

RUMBERGER, MARY B  
1820 VIA CONTESSA  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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 May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE MRS  
NAME Kathryn Miller  
STREET ADDRESS 1001 Temple Grove  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MRS  
NAME Ginger Poynter  
STREET ADDRESS 1309 A Alberta  
CITY-ST-ZIP Winter Park, FL 32789 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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.

407-628-2842

SIGNATURE:

**SIGNATURE REQUIRED**  
Mary B Rumberger

12 Apr 03

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

Date

Daytime Phone #

CP2E083 (10/02)