

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90003 037 ****50.00

DOCUMENT # L02000001311

1. Entity Name

PAM'S KITCHEN, LLC



Principal Place of Business

2029 S.E. BENEDICTINE STREET
PORT ST. LUCIE FL 34983-4699

Mailing Address

2029 S.E. BENEDICTINE STREET
PORT ST. LUCIE FL 34983-4699

2. Principal Place of Business

3006 S. U.S. ONE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Fort Pierce FL

City & State

Zip

34982

Country

ST. Lucie

Zip

Country

4. FEI Number

02-0535161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

COOPER, PAM
2029 S.E. BENEDICTINE STREET
PORT ST. LUCIE FL 34983-4699

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 **MANAGER** ☐ Delete
NAME **Pam Cooper**
STREET ADDRESS **2029 S.E. Benedictine ST**
CITY-ST-ZIP **Port St. Lucie FL 34983**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Change ☐ 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: **Pam Cooper**

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

3-11-03 772 344 4697

Date

Daytime Phone #

CR2E083 (10/02)