

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000001631

1. Entity Name

FavorWorks, LLC



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 17 PM 2:30

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

P.O. BOX 328

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 328

Suite, Apt. #, etc.

City & State  
Palm Beach, FL

City & State  
Palm Beach, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip  
33480

Country  
USA

Zip  
33480

Country  
USA

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
A1A REGISTERED AGENT, INC.

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

25 S.E. 2ND AVENUE SUITE 1036

City  
MIAMI

FL

Zip Code  
33131

**DO NOT WRITE IN THIS SPACE**

B. 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

PAUL SMITH, VICE PRESIDENT

03-25-03

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
Member <i>mgm</i> Wayne B. Hosford P.O. BOX 328 Palm Beach, FL 33480	

**DO NOT WRITE  
IN THIS SPACE**

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:

Wayne B. Hosford, Member

2/26/03

561-514-8882

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

Date

Daytime Phone #

CR2E0838 (12/02)