

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

07-14-2003 90322 041 \*\*\*\*50.00

**DOCUMENT # L02000002707**

1. Entity Name

**MEETINGS BY DESIGN, LLC**



Principal Place of Business

**205 EAST LAKESHORE DR.  
TALLAHASSEE FL 32312**

Mailing Address

**205 EAST LAKESHORE DR.  
TALLAHASSEE FL 32312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**41-2026043**

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

7. Name and Address of New Registered Agent

**F & L CORP.  
200 LAURA ST.  
JACKSONVILLE FL 32202**

Name

**SCOTT O'BRIEN**

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

**205 EAST LAKESHORE DR.**

City

**TALLAHASSEE**

**FL**

Zip Code

**32312**

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.

**SCOTT O'BRIEN**

(NOTE: Registered Agent signature required when reinstating)

**7/10/03**

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** ☐ Delete  
NAME **MCCARTHY, ROBERT F**  
STREET ADDRESS **11 COPLEY RD.**  
CITY-ST-ZIP **SOUTH GASTONBURY CT 06073**

TITLE **MGRM** ☐ Change ☒ Addition  
NAME **SCOTT O'BRIEN**  
STREET ADDRESS **205 EAST LAKESHORE DR.**  
CITY-ST-ZIP **TALLAHASSEE, FL 32312**

TITLE **MGRM** ☒ Delete  
NAME **O'BRIEN, ROXY**  
STREET ADDRESS **205 EAST LAKESHORE DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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:

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

Date

Daytime Phone #

**7/10/03** **850-386-4698**

CR2E083 (4/03)

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