

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 06, 2003 8:00 am**  
**Secretary of State**

08-06-2003 90041 001 \*\*\*\*50.00

0010087

DOCUMENT # L02000007560

1. Entity Name

AMY'S CREAMERY, LLC



Principal Place of Business

Mailing Address

9101 INTERNATIONAL DRIVE  
SUITE # 1190  
ORLANDO FL 3281-9  
US

6540 ABERCROMBIE COURT  
ORLANDO FL 32835  
US

2. Principal Place of Business

9101 International Dr.

3. Mailing Address

6540 Abercrombie Ct

Suite, Apt. #, etc.

Suite # 1190

Suite, Apt. #, etc.

City & State

Orlando, FLA.

City & State

Orlando, Florida

Zip

32819

Country

U.S.A.

Zip

32835

Country

U.S.A.

4. FEI Number

75-303-8223

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

PATEL, PANKAJKUMAR D  
6540 ABERCROMBIE COURT  
ORLANDO FL 32835

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 September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	PATEL, PANKAJKUMAR D	
STREET ADDRESS	6540 ABERCROMBIE COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE	MGR	<input type="checkbox"/> Delete
NAME	PATEL, BHANUBEN P	
STREET ADDRESS	6540 ABERCROMBIE COURT	
CITY-ST-ZIP	ORLANDO FL 32835	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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 #

8-3-03 407-370-9778

CR2E083 (4/03)