FILED
May 15, 2003 8:00 am
Secretary of State
04-07-2003 90005 011 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000007808

1. Entity Name
BEADS NEST LLC

44001665

Principal Place of Business	Mailing Address
2890 VALENCIA LANE PALM HARBOR FL 34684	2890 VALENCIA LANE PALM HARBOR FL 34684

2. Principal Place of Business	3. Mailing Address
3970 Tampa Rd	3970 Tampa Rd
Suite, Apt. #, etc.: Suite D	Suite, Apt. #, etc.: Suite D
City & State: Oldsmar FL	City & State: Oldsmar FL
Zip: 34677 Country: USA	Zip: 34677 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3037430 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINDEA, BARBARA 2890 VALENCIA LANE PALM HARBOR FL 34684	Name: David Bragg Street Address (P.O. Box Number is Not Acceptable): 5550 Mockingbird Lane City: New Port Richey FL 34652

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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Owner / President David Bragg 2783 North Cote Drive Palm Harbor FL 34684 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E083 (10/02)

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] 4-3-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #