

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-12-2003 90005 005 ****50.00

DOCUMENT # L02000009859

1. Entity Name

~~ALLURE INTERNATIONAL, LLC~~

ALLURE ACCOUNTING, LLC

Principal Place of Business
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

Mailing Address
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135

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

02-0617469

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

~~CRAWLAW, LLC~~

~~28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135~~

Name

FRIEDRICH W. SCHMIDT

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

28000 SPANISH WELLS BLVD

City

BONITA SPRINGS

FL

Zip Code

34135

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
EURO-AMERICAN FINANCIAL SERVICES, INC.
28000 SPANISH WELLS BLVD.
BONITA SPRINGS FL 34135 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MANAGING MEMBER
FRED SCHMIDT
28000 SPANISH WELLS BLVD.
BONITA SPRINGS, FL 34135 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Delete

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

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

02/10/03

239-992-2355

Date

Daytime Phone #

CR2E083 (10/02)