

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90068 037 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1402000010926

1. Entity Name

Carolyn Ashley Design LC

14026663

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4075 State Rd. 7 Ste F-2

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lake Worth FL

City & State

4. FEI Number
02-0597329

Applied For
Not Applicable

Zip
33467

Country
Palm Beach

Zip

Country

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

7. Name and Address of Current Registered Agent

Name
Linda G. Hatchett

Street Address (P.O. Box Number is Not Acceptable)
3800 Galt Ocean Dr

City
Ft Lauderdale

Zip Code
FL 33308

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

5/1/2004

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

DATE

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
Linda Hatchett
3800 Galt Ocean Dr
Ft. Lauderdale FL 33308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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)(f), 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 REGISTERING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #