

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90084 013 \*\*\*\*\*50.00

**DOCUMENT # L02000011732**

1. Entity Name

**KIMSTYLE, LLC**



Principal Place of Business

**5777 MARBLE COURT  
WINTER PARK FL 32792  
US**

Mailing Address

**5777 MARBLE COURT  
WINTER PARK FL 32792  
US**

2. Principal Place of Business

**2815 Norris Avenue**

3. Mailing Address

**2815 Norris Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Winter Park FL**

City & State

**Winter Park FL**

Zip

**32789**

Country

**Orange**

Zip

**32789**

Country

**Orange**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**MATHIS, KIMBERLY D  
5777 MARBLE COURT  
WINTER PARK FL 32792**

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 **Mathis, Kimberly D**

**Kimberly D. Mathis**

(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

TITLE **MGR** ☒ Delete  
NAME **MATHIS, KIMBERLY D**  
STREET ADDRESS **5777 MARBLE COURT**  
CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Mathis, Kimberly D.**  
STREET ADDRESS **2815 Norris Avenue**  
CITY-ST-ZIP **Winter Park FL 32789**

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

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

TITLE ☐ Change ☐ Addition  
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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: **Kimberly D. Mathis**

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

Date

Daytime Phone #

**4/24/03 407-463-9837**

CR2E083 (10/02)