FILED
May 21, 2003 8:00 am
Secretary of State

4/3/

04-03-2003 90018 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012528

1. Entity Name
WILLOW ARTS, LLC

44002074

Principal Place of Business	Mailing Address
17305 SOLIE RD ODESSA FL 33556	17305 SOLIE RD ODESSA FL 33556

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
16921 Gunn Highway	16921 Gunn Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Odessa, FL	City & State: Odessa, FL
Zip: 33556 Country: US	Zip: 33556 Country: US

4. FEI Number: 01-0693889 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
METZER, LAURA
17305 SOLIE RD
ODESSA FL 33556

7. Name and Address of New Registered Agent
Name: Laura Metzer
Street Address (P.O. Box Number is Not Acceptable): 16921 Gunn Hwy
City: Odessa FL Zip Code: 33556

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: L. Metzer, Owner 3-31-03
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	(Owner) Laura Metzer 17305 Solie Rd Odessa FL 33556	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Manager Laura Metzer 16921 Gunn Hwy Odessa FL 33556	☑ 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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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] 3-31-03 813 787 4015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #