

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 06, 2003 8:00 am
Secretary of State

06-06-2003 90002 014 *****50.00

DOCUMENT # L02000013169

1. Entity Name

ALEXIKEDIT WEDDING SOLUTIONS, LLC



Principal Place of Business

16000 NW 38TH COURT
MIAMI FL 33054

Mailing Address

16000 NW 38TH COURT
MIAMI FL 33054

2. Principal Place of Business

4088 NW 16TH street

3. Mailing Address

4088 NW 16TH street



☒ CHECK HERE IF MAKING CHANGES

City & State

Miami FL

City & State

Miami, FL

4. FEI Number

74-3047933

Applied For

Not Applicable

Zip

33054

Country

Miami-Dade

Zip

33054

Country

Miami-Dade

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, LETRECE
16000 NW 38TH COURT
MIAMI FL 33054

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

Letrece C. Franklin / Letrece C. Franklin

4-28-03

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / MGR. Letrece Franklin 16000 NW 38th Court Miami FL 330	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Letrece C. Franklin / Letrece C. Franklin

4-28-03 (305) 474-9934

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

Date

Daytime Phone #

CR2E083 (10/02)