

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-06-2003 90064 027 ****50.00

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1. Entity Name

PHATT LIPP PROMOTIONS & PRODUCTIONS LLC



Principal Place of Business

1401 VILLAGE BLVD., APT #2322
WEST PALM BEACH FL 33409

Mailing Address

P.O. BOX 221423
WEST PALM BEACH FL 33422-1423

2. Principal Place of Business

1401 Village Blvd

3. Mailing Address

NO P.O. BOX

Suite, Apt. #, etc.

APT #1428

Suite, Apt. #, etc.

City & State

West Palm Beach FL

City & State

Zip

33409

Country

USA

Zip

Country

4. FEI Number

50-0004619

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

BENOIT, REGINALD
1401 VILLAGE BLVD., APT #2322
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name

Benoit, Reginald

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

1401 Village Blvd

APT #1428

City

West Palm Beach

FL

Zip Code

33409

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 (applicable).

(NOTE: Registered Agent signature required when reinstating)

DATE

5/1/03

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	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGR				
	Reginald Benoit				
		1401 Village Blvd	APT #1428		
		33409	West Palm Beach FL		

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

Date

Daytime Phone #

5/1/03

(561) 358-5243

CR2E083 (10/02)