## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000014050

1. Entity Name

INSTYLE PRODUCTIONS, L.L.C.



## **FILED** Jan 09, 2003 8:00 am Secretary of State 01-09-2003 90199 050 \*\*\*\*50.00

Principal Plac	e of Business	Mailing Address			`	No. LE	1408 1 20	13		
506 PONCE DE LEON ORAL GABLES FL 33134		2506 PONCE DE LEON CORAL GABLES FL 33134				~~v41039				
2. Principal Place of Business		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Num 27-	ber -0015696			plied For	
Zip	Country	Zip Cou		ntry		5. Certificate of Status Desired				
	6. Name and Address of Current	Registered Agent		N	7. Name ar	d Address of New Regis	stered Ag	ent		
JACOME, THERESA				Name						
2506	PONCE DE LEON BOULEVARD AL GABLES FL 33134				Street Address (P.O. Box Number is Not Acceptable)					
							FL	Zip Cod	e	
R. The above	named entity submits this statement for	r the ourpose of changing it	ts register	d office or rea	istered agent, or h	oth, in the State of Florida		hiliar with	and accept	
the obligati	ions of registered agent.	the purpose of changing i	to register	od omed or reg	istored agent, or e	out, in the state of Florida	2. TOTTIC	inital with,	and dooopt	
SIGNATURE -	Signature, typed or printed name of registered agent	OTE: Registere	d Agent signature re	quired when reinstating)		DATE				
Make Check Payable t				FEE IS \$50. orida Depart ay 1, 2003						
9. MANAGING MEMBERS/MANAGERS 10						ADDITIONS/CH	ANGES			
TITLE NAME Street adoress City-St-Zip	MGR JACOME, THERESA 2506 PONCE DE LEON BLV. CORAL GABLES FL 33134	☐ Delete	TITLI NAM STRE	E				_} Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition (	
NAME STREET AODRESS CITY-ST-ZIP	. ••• •• •• •• ••	☐ Delete		1		av va	[	□ Change	Addition	
IITLE NAME Street adoress City-St-Zip		☐ Delete					[	_ Change	Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP		☐ Delete					]	Change	Addition	
ITLE IAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					Γ	☐ Change	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 preceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: