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

DOCUMENT # L02000017092

1. Entity Name

Chandellier Antiques, LLC



## **FILED** Apr 30, 2003 8:00 am Secretary of State 04-30-2003 90192 045 \*\*\*\*50.00

DO NOT WRITE IN THIS SPACE					30064056		
2. Principal Place of Business 9528 Hawksmoor Lane		3. Mailing Address 9528 Hawksmoor Lane					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State Sarasota, FL		City & State Sarasota, F	City & State Sarasota, FL		4. FEI Number		<ul><li>✓ Applied For Not Applicable</li></ul>
Zip <b>34238</b>	Country US	<sup>Zip</sup> 34238	Country US		5. Certificate of Status Desired		\$5.00 Additional Fee Required
	· · · · · · · · · · · · · · · · · · ·				7. Name and Address of Currer	t Registe	red Agent
rate y Kramo	- NOTI		i sa a sa ang	Name Ro	se M. Jenkins- 🗻 💮	•	<u>.</u>
DO NOT WRITE				Street Address (P.O. Box Number is Not Acceptable)			
IN THIS SPACE				1103 Florida Ave., Suite 4			
				City Palm Harbor FL Zip Code 34683			
the obligations o	ed entity submits this statemen of registered agent.	t for the purpose of chang	ging its registere	ed office or reg	istered agent, or both, in the State of F	lorida. I a	m familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable.					DATE		
	,		FEETS	\$50.00	***		

Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS TITLE TITLE Managing Member NAME NAMA: Didier Chandellier STREET ADDRESS STREET ADDRESS 9528 Hawksmoor Lane CITY-ST-ZIP CITY-ST-ZIP <del>Sarasola FL 34239</del> TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CLTY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 significer 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:

4-24-02