

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 05, 2003 8:00 am**  
**Secretary of State**

02-05-2003 90021 048 \*\*\*\*50.00

**DOCUMENT # L02000018883**



1. Entity Name  
**ART OF SEWING LLC**

Principal Place of Business  
**3303 SW 1ST ST.  
DEERFIELD BEACH FL 33442-2303**

Mailing Address  
**3303 SW 1ST ST.  
DEERFIELD BEACH FL 33442-2303**

2. Principal Place of Business  
**C.P. 1008**

3. Mailing Address

Suite, Apt. #, etc.  
**C.P. 1008**

City & State  
**DEERFIELD BEACH, FL.**

City & State  
**DEERFIELD BEACH, FL**

Zip Country  
**33443 USA**

Zip Country  
**33443 USA.**

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **51-0417127** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ALEXANDRE, DIXON  
2750 W. OAKLAND PARK BLVD., STE. 10G  
OAKLAND PARK FL 33311**

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 \_\_\_\_\_ (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 ☐ Delete  
NAME **MGR**  
STREET ADDRESS **YARGEAU, FRANCE**  
CITY-ST-ZIP **2623 GRANT ST. #5A  
HOLLYWOOD FL 33020**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **MGR**  
STREET ADDRESS **WOODS, MARIE C**  
CITY-ST-ZIP **3303 SW 1ST ST.  
DEERFIELD BEACH FL 33442-2303**

TITLE ☐ Change ☐ Addition  
NAME **C.P. 1008**  
STREET ADDRESS **DEERFIELD BEACH, FL. 33443**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 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: France Yargeau (MEMBER)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**01-16-2003**

Date Daytime Phone #

CR2E083 (10/02)