**FILED** 

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

## Jan 29, 2003 8:00 am **Secretary of State** DOCUMENT # L02000021760 01-29-2003 90050 021 \*\*\*\*50.00 INTERNATIONAL RETAIL, LLC Principal Place of Business Mailing Address 2355 SW 35TH AVE 2355 SW 35TH AVE 20019580 **DELRAY BEACH FL 33445 DELRAY BEACH FL 33445** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zip Country - 🚐 Country \$5.00 Additional 5. Certificate of Status Desired \_\_\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FINANCIAL FOUNDATIONS, INC. Street Address (P.O. Box Number is Not Acceptable) 3150 SANDY RIDGE DR **CLEARWATER FL 33761** Zip Code City 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, 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 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR ☐ Addition TITLE TITLE Change ☐ Delete RUGGIERE, RICHARD J NAME NAME STREET ADDRESS STREET ADORESS 2355 SW 35TH AVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** MGR ☐ Change ☐ Addition Delete TITLE TITLE RUGGIERE, CHRIS J NAME NAME STREET ADDRESS STREET ADDRESS 4575 NW 19TH WAY CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL-33445 Delete ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DILE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 9 cute this report as required by Chapter 608, Florida Statutes.

CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME IAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP