

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-09-2003 90045 018 ****50.00

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

DOCUMENT # L02000024305

1. Entity Name

COUNTRY CLUTTER OF ORLANDO II, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7320 Westpointe Blvd

Suite, Apt. #, etc.
#533

City & State
Orlando, FL

Zip
32835

Country
USA

3. Mailing Address
7320 Westpointe Blvd

Suite, Apt. #, etc.
#533

City & State
Orlando, FL

Zip
32835

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

Applied For
☒ Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

Name and Address of Current Registered Agent

Name David S. Cohen, Esq.

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

5728 Major Blvd. Suite 550

City Orlando

FL

Zip Code
32819

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 if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Manager/Member
Jan Clark
7320 Westpointe Blvd, #533
Orlando, FL 32835

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Jan Clark*

Jan Clark

407-351-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)