

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-03-2003 90004 048 ****50.00

DOCUMENT # L02000025209

1. Entity Name

RETAIL CONNECTIONS, LLC



Principal Place of Business

Mailing Address

5600 COLLINS AVE.
12-H
MIAMI FL 33140

6538 COLLINS AVE.
STE 256
MIAMI FL 33131

2. Principal Place of Business

2110 NE 124TH ST

Suite, Apt. #, etc.

3. Mailing Address

2110 NE 124TH ST

Suite, Apt. #, etc.

City & State

NORTH MIAMI FL

City & State

NORTH MIAMI FL

Zip

33181

Country

Zip

33181

Country

4. FEI Number

35-0799358

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**BANNER, MICHAEL L
4244 W. TENNESSEE ST.
#185
TALLAHASSEE FL 32304**

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

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**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
SHAW, KARL E
5600 COLLINS AVE. 12-H
MIAMI FL 33140**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2110 NE 124TH ST
NORTH MIAMI FL 33181**

☒ Change

☐ Addition

TITLE
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CITY-ST-ZIP

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☐ 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

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

2/3/03

354959903

Date

Daytime Phone #

CR2ED83 (10/02)