

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90116 035 \*\*\*\*55.00

**DOCUMENT # L02000026817**

1. Entity Name  
**RAZZLE AND DAZZLE L.L.C.**



Principal Place of Business

**203 GOLF CIRCLE  
PANAMA CITY FL 32411**

Mailing Address

**PO BOX 27563  
PANAMA CITY FL 32411**

2. Principal Place of Business

**203 GOLF CIRCLE**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**PANAMA CITY, FL.**

City & State

4. FEI Number

**54-2083262**

Applied For

Not Applicable

Zip

**32411**

Country

**FL**

Zip

Country

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SEUBERT, KAREN T  
203 GOLF CIRCLE  
PANAMA CITY FL 32411**

Name

**SEUBERT, KAREN T**

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

**203 GOLF CIRCLE**

City

**PANAMA CITY**

**FL**

Zip Code

**32411**

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

*Karen T. Seubert*

**1/6/03**

**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 **MGRM** ☐ Delete  
NAME **KAREN T. SEUBERT**  
STREET ADDRESS **203 GOLF CIRCLE**  
CITY-ST-ZIP **PANAMA CITY FL 32411**

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  
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STREET ADDRESS  
CITY-ST-ZIP

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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:

*Karen T. Seubert*

**1/6/03**

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

Date

Daytime Phone #

CR2E083 (10/02)