2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000027063

1. Entity Name

SIGNATURE:

DUNBAR'S ANTIQUES & COLLECTIBLES, LLC



FILED Apr 11, 2003 8:00 am Secretary of State

04-11-2003 90012 036 ****50.00

Daytime Phone #

| Principal Place | e of Business | Mail | ling Address | | • | | | | | |
|--|---|---------------------------|--|---|---|-------------------------------|--|----------------|---|-------------------------------|
| 2610 PEMBERTON CREEK DRIVE SEFFNER FL 33584 | | | 2610 PEMBERTON CREEK DRIVE SEFFNER FL 33584 | | | | | | | |
| | | | | | • | | !! !!! 96!!8 !! 6 !! 98 !! 6 ! | | | |
| 2. Principal Pl | lace of Business | 3. M | lailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Su | Suite, Apt. #, etc. | | | | CHECK HERE IF MAKING CHANGES | | | |
| City & State | | Cir | City & State | | | 4. FEI Number 47 - 0905187 | | | | Applied For lot Applicable |
| Zip | Country | Zip | p in the same of t | . Country | y | | e of Status Desired | | \$5.00 Ad Fee Requir | |
| | 6. Name and Address of | Current Registe | ered Agent | | | 7. Name and | d Address of New | Registered | Agent | |
| DUNBAR, SAUNDRA B 2610 PEMBERTON CREEK DRIVE | | | Name Street Addre | | Name | | | | | |
| | | VE | | | Street Addre | ss (P.O. Box Numb | (P.O. Box Number is Not Acceptable) | | | |
| SEFF | FNER FL 33584 | | , | . [| | | | | • | |
| • • | | | | • [| City | | <u> </u> | FI | Zip Co | de , |
| 8. The above | named entity submits this state | ement for the pur | rpose of changing its | registered | l office or regi | stered agent, or bo | oth, in the State of F | Florida. I am | familiar with | , and accept |
| · • the obligati | ions of registered agent | | | • | | | | | | |
| SIGNATURE - | <u> </u> | | | | | | | | | |
| · · · · · · · · · · · · · · · · · · · | Signature, typed or printed name of registe | ered agent and title if a | applicable. (NOTE | E: Registered A | Agent signature req | uired when reinstating) | | DATE | | |
| | ··- | 101,400 % | Contraction with result to the time to | W - 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | and of the second state of the second | | | | | |
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| | | Ma | FILE NO ake Check Payabl | OW!!! FE le to Flor | EE IS \$50.0 | 00 | | , | | |
| 9. | MANAGING | | FILE NO ake Check Payabl | OW!!! FE le to Flor | EE IS \$50.0 ida Departi | 00 | ADDITION | , S/CHANGE: | | |
| 9. | | MEMBERS/MAI | FILE NO ake Check Payabl | OW!!! FE le to Flor e By May | EE IS \$50.0 ida Departi | 00 | ADDITION | S/CHANGE | S Change | Addition |
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NO MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE