

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90073 018 *****55.00

0053838

DOCUMENT # L02000027159

1. Entity Name

TOO DEEP GRAFIX, LLC.



Principal Place of Business

**6814 OAK HILL
NORTH LAUDERDALE FL 33068
US**

Mailing Address

**6814 OAK HILL
NORTH LAUDERDALE FL 33068
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

52-2391503

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

**T.F.R.A., LLC
1250 E. HALLANDALE BEACH BLVD.
SUITE 405
HALLANDALE FL 33009**

7. Name and Address of New Registered Agent

Name

NEIL B. RUSSELL

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

18925 NW 11TH COURT

City

MIAMI

FL

Zip Code

33068

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

NEIL B. RUSSELL

4/24/03

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
RUSSELL, TIMOTHY L
6814 OAK HILL
NORTH LAUDERDALE FL 33068**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
RUSSELL, ANEUYRON S
6814 OAK HILL
NORTH LAUDERDALE FL 33068**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

Date

Daytime Phone #

ANEUYRON RUSSELL **4/24/03** **754(2340828)**
954(9173552)

CR2E083 (10/02)