

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90340 023 *****50.00

DOCUMENT # L02000027544

1. Entity Name
SPICY SISTERS EMPORIUM, LLC



Principal Place of Business

**11844 165TH RD N
JUPITER FL 33478**

Mailing Address

**11844 165TH RD N
JUPITER FL 33478**

2. Principal Place of Business

5700 OKEECHOBEE

3. Mailing Address

16026 72ND DR. N.

Suite, Apt. #, etc.

WEST PALM BCH FL

Suite, Apt. #, etc.

City & State

PALM BCH GARDENS FL

Zip

33417

Country

USA

Zip

33418

Country

USA

4. FEI Number

75-3084896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FLORIDA INCORPORATORS, INC.
8875 HIDDEN RIVERY PKWY STE. 300
TAMPA FL 33637**

7. Name and Address of New Registered Agent

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 **MGRM** ☐ Delete
NAME **STREK, SUSAN L**
STREET ADDRESS **11844 165TH RD N**
CITY-ST-ZIP **JUPITER FL 33478**

change →

TITLE **MGRM** ☐ Delete
NAME **GROSSI, TERRI J**
STREET ADDRESS **10769 151ST LANE N**
CITY-ST-ZIP **JUPITER FL 33478**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **STREK, SUSAN**
STREET ADDRESS **16026 72ND DR. N.**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Susan Strek
SUSAN STREK

11/17/03

561-684-9611

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

Date

Daytime Phone #

CR2E083 (10/02)