## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L02000028393

1. Entity Name

## **OCEANKIDZ LLC**



## FILED Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90608 050 \*\*\*\*50.00

OCEANIA								
Principal Place of Business		Mailing Address	Mailing Address		1			
7306 BELLE MEADE ISLAND DRIVE MIAMI FL 33138		7306 BELLE MEADE-ISLAND DRIVE MIAMI FL 33138						
	•				11111			
2. Principal Place of Business		3. Mailing Address	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF	MAKING CHANGES	3	
City & State		City & State			4. FEI Nur 04-	mber - 3720590	<del></del>	pplied For
Zip	Country	Zip	Zip Countr				\$5.00 Ac	ditional
	6. Name and Address of Current	Registered Agent	<u> </u>		7. Name a	and Address of New Regi		
PETEROON MARIA O				Name				
PETERSON, MARIA C 7306 BELLE MEADE ISLAND DRIVE				Street Address (P.O. Box Number is Not Acceptable)				
_ MIAN	VII.FL 33138	برمطعين الجين المستهيرين بزوا المعا			🕦 अर्जभाग सम		ه - استان میشند	
			-	City			FL Zip Coo	de
	named entity submits this statement for ions of registered agent.	or the purpose of changing i	its registere	d office or registere	ed agent, or I	both, in the State of Florida	a. I am familiar with	, and accept
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
				EE IS \$50.00				
		Make Check Payal		. ,	nt of State			
			ue By Ma					
9.	RS/MANAGERS	10.			ADDITIONS/CH	IANGES		
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NAME STREET ADDRESS	CLEGG, CAROL 411 WALNUT STREET, #1019		NAME STREE	T ADDRESS				
CITY-ST-ZIP	GREEN COVE SPRINGS FL 3204	13		ST-ZIP				
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11 Ibereby c	artify that the information eupplied with	this filing door not availfy for	or the ever	ention atotael in Can	tion 110 07/1	21/i) Elocido Ctatutas I fue	than aartific that tha I	_f(

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 GRAINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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Daytime Phone #