2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

DOCUMENT # L02000029071

1. Entity Name

KRISTI WYNDHAM DESIGNS LLC



FILED
Jan 09, 2003 8:00 am
Secretary of State
01-09-2003 90198 013 ****50.00

904-928-3993

Principal Place	of Business	Mailing Address	Mailing Address							
4540 SOUTHSIDE BLVD., STE. 503 JACKSONVILLE FL 32216		4540 SOUTHSIDE BLVD STE. 503 JACKSONVILLE FL 32216								
						18 (18 1)				
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEIN	Number 304 994	, 7		Applicable	
Zip	Country	Zip	Countr	У		ificate of Status Desired	<u>ئ</u> ے لــا	55.00 Addi		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
* Wyndham, Kristi				Name						
4540 SOUTHSIDE BLVD., STE. 503 JACKSONVILLE FL 32216				Street Address (P.O. Box Number is Not Acceptable)						
	••••••••••••••••••••••••••••••••••••••			City	<u></u>		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: Registere					required when reinstat	ting)	DATE			
		EE 10 \$51	0.00							
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State										
				y 1, 2003					}	
	MANAGING MEMBE		10.	<u> </u>		ADDITIONS/	CHANGES			
9.	MANAGING MEMBE	<u> </u>	TITLE			ADDITIONO	011111020	Change	☐ Addition	
TITLE	WYNDHAM, KRISTI	☐ Delete	NAME					onango		
NAME STREET ADDRESS	6941 WHISPERING OAKS CIRCL	F		T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32211	- 1-	CITY-	ST-ZIP						
TITLE	MGR	□ Delete	TITLE				<u> </u>	Change	Addition	
NAME	WYNDHAM, ROBERT	Delike	♦ NAME							
STREET ADDRESS	6941 WHISPERING OAKS CIRCL	_E	STREE	T ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL 32211	-	CITY-	ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			- NAME				~ .			
STREET ADDRESS			STREE	T ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP			*			
TITLE		☐ Delete	TITLE					Change	Addition	
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STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			CITY-	ST-ZIP	·				- Addition	
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STREET ADDRESS	•			ET ADDRESS ST-ZIP						
CITY-ST-ZIP					-			☐ Change	Addition	
TITLE		☐ Delete	TITLE						☐ Vacilion	
NAME			NAME	ET ADDRESS					İ	
STREET ADDRESS				ST-ZIP						
CITY-ST-ZIP	certify that the information supplied with	h ship filing dage not smallfulfer			od in Section 110	107(3)(i) Florida Statutos	further cert	ify that the in	oformation	
indiantad	certify that the information supplied with on this report is true and accurate and bility company or the receiver or truste	I that my signature shall have.	the same	Hedal effect	r as it made unde	eroath: that i am a manat	ging membe	r or manage	r of the	

Stanhort Incorrect 2: Per passing 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L02000028819 KRISTI WYNDHAM DESIGNS LLC Mailing Address Principal Place of Business 4540 SOUTHSIDE BVD., SUITE 503 4540 SOUTHSIDE BVD. SUITE 503 JACKSONVILLE FL(32211) * JACKSONVILLE FL(32211) 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State Not Applicable Zip Country \$5.00 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WYNDHAM, KRISTI Street Address (P.O. Box Number is Not Acceptable) 4540 SOUTHSIDE BVD., SUITE 503 JACKSØNVILLE FL 32211 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. Addition CR2E083 (10/02 ☐ Change MGR Delete TITLE NAME wyndham, krásti STREET ADDRESS 4540 SOUTHSIDE BVD., SUITE 503 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JACKSOŃVILLEYEL 32211 ☐ Change Addition MGR ☐ Delete TITLE WYNDHAM, ROBÉRT NAME STREET ADDRESS 4540 SOUTHSIDE BVD., SUITE 503 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville FL 32211 Change Addition Delete -TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

Zip

9.

TITLE

TITLE

NAME

NAME

TITLE

TITLE

NAME

TITLE

SIGNATURE REQUIRED

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

Daytime Phone #

Date