

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0010370

DOCUMENT # L02000029855

1. Entity Name

GRACE-FULL MELODIES RECORDS, L.L.C.



FILED
03 SEP 30 PM 3:58
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2500 WOODLAKE DRIVE, NORTH EAST #102
PALM BAY FL 32905

Mailing Address

2500 WOODLAKE DRIVE, NORTH EAST #102
PALM BAY FL 32905

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

13 4229 234

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABER, LAWRENCE H ESQUIRE
606 FRONT STREET
CELEBRATION FL 34747

Name

Rhonda E. Williams

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

2500 Woodlake Drive N.E. #102

Palm Bay, FL

City

FL

Zip Code

32905

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

Rhonda E. Williams

9/22/03

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Managing Member
Rhonda E. Williams
2500 Woodlake Dr. N.E. #102
Palm Bay, Florida, 32905

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
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☐ Change

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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:

Rhonda E. Williams

9/22/03

321 727-9993

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

Date

Daytime Phone #

CR2E083 (4/03)