

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

7/10/03

FILED
Aug 26, 2003 8:00 am
Secretary of State

07-10-2003 90052 019 ****50.00

DOCUMENT # L02000030620																													
1. Entity Name STAFFORD INTERIOR DESIGN, LLC.																													
Principal Place of Business 816 BENTWOOD COURT PALM HARBOR FL 34683 US			Mailing Address 816 BENTWOOD COURT PALM HARBOR FL 34683 US																										
2. Principal Place of Business Suits, Apt. #, etc.			3. Mailing Address Suits, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		4. FEI Number 01-0752598																									
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				☒ Applied For ☐ Not Applicable																									
6. Name and Address of Current Registered Agent DREW, BEVERLY 816 BENTWOOD COURT PALM HARBOR FL 34683			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 <i>Beverly Drew</i> 7-7-03 Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when resigning)																													
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003																													
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 70%;">Delete Managing member ☒ Delete Beverly Drew 816 BENTWOOD COURT PALM HARBOR, FL 34683</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Delete</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Delete</td> </tr> </table>			TITLE NAME	Delete Managing member ☒ Delete Beverly Drew 816 BENTWOOD COURT PALM HARBOR, FL 34683	TITLE NAME	☐ Delete	TITLE NAME	☐ Delete	TITLE NAME	☐ Delete	TITLE NAME	☐ Delete	TITLE NAME	☐ Delete	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME</td> <td style="width: 70%;">☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE NAME</td> <td>☐ Change ☐ Addition</td> </tr> </table>			TITLE NAME	☐ Change ☐ Addition	TITLE NAME	☐ Change ☐ Addition	TITLE NAME	☐ Change ☐ Addition	TITLE NAME	☐ Change ☐ Addition	TITLE NAME	☐ Change ☐ Addition	TITLE NAME	☐ Change ☐ Addition
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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: <i>[Signature]</i> SIGNATURE REQUIRED			7-7-03 727-772-0941																										

CR2E003 (10/02)

Attachment

55055050
[REDACTED]
#102000030620

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
HOLTSVILLE NY 00501

DATE OF THIS NOTICE: 11-22-2002
NUMBER OF THIS NOTICE: CP 575 E
EMPLOYER IDENTIFICATION NUMBER: 01-0752598
FORM: SS-4
0132647589 0

also FEI #
Federal Employer #
FOR ASSISTANCE CALL US AT
1-800-829-1040

STAFFORD INTERIOR DESIGN LLC
DREW BEVERLY SOLE MEMBER
816 BENTWOOD CT
PALM HARBOR FL 34683

OR WRITE TO THE ADDRESS
SHOWN AT THE TOP LEFT.

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER (EIN)

~~Thank you for your Form SS-4, Application for Employer Identification Number~~
(EIN). We assigned you EIN 01-0752598. This EIN will identify your business account,
tax returns, and documents, even if you have no employees. Please keep this notice in
your permanent records.

~~Use your complete name and EIN shown above on all federal tax forms, payments and~~
~~related correspondence. If you use any variation in your name or EIN, it may cause~~
~~a delay in processing and incorrect information in your account. It also could cause~~
~~you to be assigned more than one EIN.~~

If you want to apply to receive a ruling or a determination letter recognizing
your organization as tax exempt, and have not already done so, you should file Form
1023/1024, Application for Recognition of Exemption, with the IRS Ohio Key District
Office. Publication 557, Tax Exempt Status for Your Organization, is available at
most IRS offices and has details on how you can apply.