

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031014

1. Entity Name

BLESSED HOPE, LLC



FILED
Aug 20, 2003 8:00 am
Secretary of State

07-25-2003 90065 009 ****55.00

55054548

Principal Place of Business

18090 COLLINS AVENUE #17-80
N. MIAMI BEACH FL 33160

Mailing Address

18090 COLLINS AVENUE #17-80
N. MIAMI BEACH FL 33160

2. Principal Place of Business

165 Hidden Court Rd
Suite, Apt. #, etc.

3. Mailing Address

165 Hidden Court Rd
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip
33023

Country
FLORIDA

Zip
33023

Country
FLORIDA

4. FEI Number

165-1036192

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

HOPE, CARMEN
18090 COLLINS AVENUE #17-80
N. MIAMI BEACH FL 33160

CHANGED →

7. Name and Address of New Registered Agent

Name: Carmen Hope
Street Address (P.O. Box Number is Not Acceptable): 165 Hidden Court Rd
City: Hollywood FL Zip Code: 33023

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

7/11/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE: CEO
NAME: CARMEN HOPE
STREET ADDRESS: 165 Hidden Court Rd
CITY-ST-ZIP: Hollywood FL 33023

☐ Delete

10. ADDITIONS/CHANGES

TITLE: ☐ Change ☐ Addition

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

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

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

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

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

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

SIGNATURE REQUIRED

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

Date

Daytime Phone #

7/11/03

306-5765

954-914-0518

CR2003 (4/03)