

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

LU2000032226

DOCUMENT # L02000032226

1. Entity Name

ART REPRESENTATION, LLC



FILED

2003 JUL 23 AM 10:19

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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55051527

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2. Principal Place of Business

Art Representation

Suite, Apt. #, etc.

3. Mailing Address

6417 Carmella Way

Suite, Apt. #, etc.

City & State

Sarasota FL

City & State

Sarasota FL

4. FEI Number

65-1161763

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Martha Stein Mitchell

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

6417 Carmella Way

City

Sarasota

FL

Zip Code

34243

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IN THIS SPACE**

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

Martha Stein Mitchell

4/16/03

Signature, typed or printed name of registered agent and title if applicable

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP
Martha Stein Mitchell mgem
6417 Carmella Way
Sarasota, FL 34243

TITLE NAME
NAME
STREET ADDRESS
CITY - ST - ZIP
Morris Mitchell mgrm
6417 Carmella Way
Sarasota, FL 34243

TITLE NAME
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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: Martha Stein Mitchell

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

Date

Daytime Phone #

CR2E083B (12/02)