

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

DOCUMENT # L02000032362



**FILED
Apr 23, 2003 8:00 am
Secretary of State**

04-23-2003 90307 012 ****55.00

1. Entity Name
RAMONA'S SHIRT PUT-ON, LC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 524 SOUTHARD ST. Suite, Apt. #, etc.	3. Mailing Address 524 SOUTHARD ST. Suite, Apt. #, etc.
City & State Key WEST, FL Zip 33040	City & State Key WEST, FL Zip 33040
Country USA	Country USA

4. FEI Number 05-0542910	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CONNIE LEE FOWLER	
Street Address (P.O. Box Number is Not Acceptable) 524 SOUTHARD ST.	
City Key WEST	
FL	Zip Code 33040

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.

DATE

**FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG M CONNIE FOWLER 1716 SOUTH ST Key West, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MG M TAMMY J. MEANS 3314 NORTHSIDE DR. Key West, FL 33040	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/02)

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: *Connie Lee Fowler* CONNIE LEE FOWLER

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

305 296-9962

Date

Daytime Phone #