

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

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

DOCUMENT # L02000032362

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

Country USA

City & State

Key West, FL

Zip 33040

Country USA

4. FEI Number

05-0542910

Applied For

Not Applicable

5. Certificate of Status Desired



\$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	MGRM
NAME	CONNIE FOWLER
STREET ADDRESS	1716 SOUTH ST.
CITY-ST-ZIP	Key West, FL 33040
TITLE	MGRM
NAME	TAMMUS J. MEANS
STREET ADDRESS	3314 NORTHSIDE DR.
CITY-ST-ZIP	Key West, FL 33040
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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

305-296-9962

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

Date

Daytime Phone #

CR2E083B (12/02)