

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

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90015 027 \*\*\*\*50.00

DOCUMENT # L02000032934

1. Entity Name

FRANCES JEFFREY, L.L.C.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2316 Pine Ridge Road

3. Mailing Address

2316 Pine Ridge Road

Suite, Apt. #, etc.

346

Suite, Apt. #, etc.

# 346

City & State

Naples FL

City & State

Naples FL

Zip

34109

Country

U.S.

Zip

34109

Country

U.S.

4. FEI Number

36-4518302

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 Scott J. Whorrall

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

6079 Shallows Way

City Naples

FL

Zip Code  
34109

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.

3-03-03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	President /mgr.
NAME	Scott J. Whorrall
STREET ADDRESS	6079 Shallows Way
CITY-ST-ZIP	Naples FL 34109
TITLE	Vice-President
NAME	Paige Whorrall
STREET ADDRESS	6079 Shallows Way
CITY-ST-ZIP	Naples FL 34109
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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:

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

03-03-03 (239)254-3096

Date

Daytime Phone #

CR2E083B (12/02)