

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

DOCUMENT # L02000033590

1. Entity Name

POIRE' DESIGN, LLC



**FILED**

03 APR 30 PM 2:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5705 JASON LEE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 37536

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

34233

Country

US

Zip

34278

Country

US

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CINDY POIRE'

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

7338 CLARK RD

City

SARASOTA

FL

Zip Code

34241

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

*Cindy Poire'*

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

*MGM  
Cindy Poire'  
P.O. Box 37536  
Sarasota, FL 34233*

TITLE  
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CITY - ST - ZIP

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**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:

*Cindy Poire'*

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

4/18/03 941-955-8541

Date

Daytime Phone #

CR2E089B (12/02)