

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

DOCUMENT # L02000034079

1. Entity Name

JEE DESIGNS, LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL -7 PM 3:14

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

342 G. Parkway

Suite, Apt. #, etc.

3. Mailing Address

342 S Parkway

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

N Miami Beach, FL

City & State

N Miami Beach, FL

4. FEI Number

55-0811262

Applied For

Not Applicable

Zip

33160

Country

USA

Zip

33160

Country

USA

5. Certificate of Status Desired

☐ \$5.00 - Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Doris Cohen

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

342 S Parkway

City

N Miami Beach FL

Zip Code

33160

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

Doris Cohen

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
SOLE MEMBER NGRM
DORIS COHEN
342 S Parkway
N. Miami Beach FL 33160

TITLE
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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

Date

Daytime Phone #

CR2E083B (12/02)