

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

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90586 011 ****50.00

DOCUMENT # L02000034315

1. Entity Name

SASSY OF THE SOUTH, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1137 PONTE VEDRA BLVD.

Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 44

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PONTE VEDRA BEACH FL

Zip
32082

Country
USA

City & State
PONTE VEDRA BEACH FL

Zip
32004

Country
USA

4. FEI Number

Applied For
☒ Not Applicable

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
MCQUAIG, DAVID H.

Street Address (P.O. Box Number is Not Acceptable)
4745 SUTTON PARK COURT

SUITE 103

City JACKSONVILLE FL Zip Code 32224

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

David H. McQuaig David H. McQuaig

4/30/2003
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
MGRM
SCHUR, LINDA B.
1137 PONTE VEDRA BLVD.
PONTE VEDRA BEACH, FL 32082

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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: *Linda B. Schur* LINDA B. SCHUR

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

Date

Daytime Phone #

CR2E083B (12/02)