

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90067 015 ****50.00

DOCUMENT # L02000035229

1. Entity Name

HOLMAN INTERIORS LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3755-K GULF BREEZE PKWY

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULF BREEZE, FL

City & State

4. FEI Number

90-0055818

Applied For

Not Applicable

Zip

Country

Zip

Country

32563

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

SUZANNE W. HOLMAN

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

2513 ROSEDOWN DRIVE

City

CANTONMENT

FL

Zip Code

32533

**DO NOT WRITE
IN THIS SPACE**

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

Suzanne Holman

SUZANNE HOLMAN - OWNER

DATE

2/10/03

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
MEMBER MANAGER
SUZANNE W. HOLMAN
2513 ROSEDOWN DRIVE
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MEMBER
WILLIAM P. HOLMAN
2513 ROSEDOWN DRIVE
CANTONMENT, FL 32533

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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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:

Suzanne Holman

SUZANNE HOLMAN

2/10/03

Daytime Phone #

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

Date

850 934 5057

CR2E083B (12/02)