LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000035229

1. Entity Name

HOLMAN INTERIORS LLC



FILED Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90067 015 ****50.00

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Principal Pla	ace of Business	3. Mailing Address			ļ			
3755-K GULF BREEZE PKW]			-
ر خو ل ا ر # Suite, Apt.	. ,	Suite, Apt. #, etc.			ļ	DO NOT WRITE	IN THIS SPAC	E
 ,					<u> </u>			Applied For
City & State		City & State			4. FEI Number	1055918		Not Applicable
GULF	BREEZE, FL				90-0	055818		
Zip	Country	Zip	Country	y	5. Certificate of	Status Desired		00 Additional Required
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94.0				City 🔿			FL	Zip Code 2 2
•				_ CANT	TONMENT			ne with and accept
8. The above	named entity submits this statement for t	the purpose of changing its	registered	d office or register	red agent, or both,	in the State of Flor	ida. I am iamii	ar with, and accept
the obligation	ons of registered agent.							1)
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SIGNATURE _	Signature, typed of printed name of registered agent and	d title if applicable.	ZAU	<u>06 1101</u>	LIVIAN L		DATE	
9	MANAGING MEMBER		DUE BY	WATI		*		
TITLE	MEMBER MANAGER		TITLE					
NAME	SUZANNE W. HOLM	MAN	NAME	T ADORESS				
STREET ADDRESS	2513 POSEDOWN PK	ave		ST-ZIP				
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TITLE	MEMBER		TITLE					
NAME	WILLIAM P. HOLMA	ν. 	NAME					
STREET ADDRESS	7513 ROSEDOWN .	DRIVE		T ADDRESS ST-ZIP				
CITY-ST-ZIP	CANTONMENT, FL	<u> 32533</u> _	etterinen er					
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STREET ADDRESS				ET ADDRESS - ST-ZIP				
CITY-ST-ZIP			Same Said	CLOS CHARTENESS HARREST A SPECIAL PROPERTY.			1 4 4 4	other the information
11. I hereby indicated	certify that the information supplied with don this report is true and accurate and shills report in the receiver or trustee	this filing does not qualify f that my signature shall have empowered to execute thi	for the exe e the same s report as	mption stated in S e legal effect as if s required by Cha	Section 119.07(3)(f made under oath apter 608, Florida S	i), Florida Statutes. ; that I am a manaș Statutes.	ging member o	or manager of the