

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90227 039 *****50.00

DOCUMENT # L03000051000

1. Entity Name

JUST BREATHE PROMOTIONS LLC



Principal Place of Business

110 VIA D'ESTE, STE 301
DELRAY BEACH FL 33445

Mailing Address

110 VIA D'ESTE, STE 301
DELRAY BEACH FL 33445

24019514



MOORE

CR2E083 (11/03)

2. Principal Place of Business

110 Via d'Este Ste 301

3. Mailing Address

110 Via d'Este

Suite, Apt. #, etc.

Ste 301

Suite, Apt. #, etc.

Ste 301

4. FEI Number

20-0459232

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS NETWORK INC.
11380 PROSPERITY FARMS RD #221E
PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent

Name

NA

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE **PRESIDENT, FOUNDER** ☐ Delete
NAME **LISA UNDERWOOD**
STREET ADDRESS **129 E Lee**
CITY-ST-ZIP **DeLray Beach, FL 33445**

TITLE **VICE PRESIDENT SALES + MARKETING** ☐ Delete
NAME **CHRISTINE THOMAS**
STREET ADDRESS **110 VIA D'ESTE STE 301**
CITY-ST-ZIP **DELRAY BEACH, FL 33445**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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 #

CHRISTINE THOMAS *Christine Thomas* 2/29/04 561-257-3445