LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2008 8:00 am
Secretary of State
01-29-2008 90062 044 ****50.00
03-20-2008 90182 044 ****88.75

DOCUMENT # L06000057862

1. Entity Name
GIRL FRIDAY, LLC

DO NOT WRITE IN THIS SPACE

60016107

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8912 SHINDLER CROSSING DR.	8912 SHINDLER CROSSING DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
JACKSONVILLE, FL	JACKSONVILLE, FL
Zip 32222 Country US	Zip 32222 Country US

4. FEI Number 20-5111419 ☐ 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: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

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

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	YANCY WRIGHT-TISON MGRM 8912 SHINDLER CROSSING DR. JACKSONVILLE FL 32222-2190	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E083B (12/02)

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: Yancy Wright-Tison 1/20/08 904-777-6916
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #