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Secretary of State
04-20-2007 90031 024 ****50.00

4/7

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06000059983

30009682

1. Entity Name

RISING SUN TEAK LLC DBA HIP & HUMBLE HOME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
281 NORTH FEDERAL HWY	SAME
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: BOCA RATON, FL	City & State
Zip: 33432 / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number: 71-1010320 ☐ 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: ANGELA AGAZZI

Street Address (P.O. Box Number is Not Acceptable): 231 SW 7 TH TERRACE

City: BOCA RATON FL Zip Code: 33432

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 $60.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEMBER managing member ANGELA AGAZZI 231 SW 7 TH TERRACE BOCA RATON FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Jaloyn R Fockler - Member managing 231 SW 7 Terr Boca Raton FL 33486	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E008 (12/05)

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 605, Florida Statutes.

SIGNATURE: Angela Agazzi managing MEMBER 4/15/2006 5615490345

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN Date Daytime Phone #