

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 29, 2002 8:00 am
Secretary of State

03-29-2002 90598 028 *****50.00

DOCUMENT #

L92000000009

1. Entity Name

B & B CREATIVE STUDIO, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1605 Main Street

3. Mailing Address

1605 Main Street

Suite, Apt. #, etc.

Suite 1001

Suite, Apt. #, etc.

Suite 1001

City & State

Sarasota, FL

City & State

Sarasota, FL

4. FEI Number

65-0366825

Applied For

Not Applicable

Zip

34236

Country

USA

Zip

34236

Country

USA

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Stanley A. Goldsmith

Street Address (P.O. Box Number is Not Acceptable)
1605 Main Street, Suite 1001

City

Sarasota,

FL

Zip Code 34236

**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.

SIGNATURE

Stanley A. Goldsmith

DATE

3/13/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

BACSO, BERTALAN S.

STREET ADDRESS

1605 Main Street, Suite 1001

CITY - ST - ZIP

Sarasota, FL 34236

TITLE

MGRM

NAME

BACSO, BELA

STREET ADDRESS

1605 Main Street, Suite 1001

CITY - ST - ZIP

Sarasota, FL 34236

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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STREET ADDRESS

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:

Manager

3/13/02

941-955-4990

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

Date

Daytime Phone #