

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90167 025 ****50.00

DOCUMENT # L99000002196

1. Entity Name
EMILY GRACE, L.L.C.

Principal Place of Business
235 HUNT CLUB BOULEVARD, STE. 101
LONGWOOD FL 32779

Mailing Address
235 HUNT CLUB BOULEVARD, STE. 101
LONGWOOD FL 32779

00049576



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1951 S. Orange Blossom Trail

3. Mailing Address
1951 S. Orange Blossom Trail

Suite, Apt. #, etc.
Suite #101

Suite, Apt. #, etc.
Suite #101

City & State
Apopka, FL

City & State
Apopka, FL

Zip
32703

Country
USA

Zip
32703

Country
USA

4. FEI Number **59-3569801**

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

MILAM, CALVIN T
235 HUNT CLUB BOULEVARD, STE. 101
LONGWOOD FL 32779

7. Name and Address of New Registered Agent

Name
Bentley, Wayne S.

Street Address (P.O. Box Number is Not Acceptable)
1951 S. Orange Blossom Trail

Ste #101

City **Apopka** **FL** Zip Code **32703**

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

(NOTE: Registered Agent signature required when reinstating)

3/13/02
 DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR

NAME
MILAM, CALVIN T

STREET ADDRESS
235 HUNT CLUB BOULEVARD STE 101

CITY-ST-ZIP
LONGWOOD FL 32779

☒ Delete

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

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 CITY-ST-ZIP

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TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
Mgr.

NAME
Bentley, Wayne S.

STREET ADDRESS
1951 S. Orange Blossom Trail Ste 101

CITY-ST-ZIP
Apopka, FL. 32703

☒ Change ☒ Addition

TITLE
 NAME

STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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☐ Change ☐ Addition

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

3/13/02 **407-862-7556**
 Date Daytime Phone #

CR2E083 (9/01)