

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004712

1. Entity Name  
SCRUBBING BUBBLES, LLC

Principal Place of Business  
1914 EAST SUNRISE BLVD  
FORT LAUDERDALE FL 33304

Mailing Address  
1914 EAST SUNRISE BLVD  
FORT LAUDERDALE FL 33304

FILED

01 MAY -2 PM 1:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0940069

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVIDOFF, DANA S  
1021 NE 2ND ST  
#3  
FORT LAUDERDALE FL 33301

Name Davidoff, Dana S  
Street Address (P.O. Box Number is Not Acceptable)  
560 SE 23 Ave #2  
City Pompano Beach FL Zip 33062

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

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

(NOT: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM  
DAVIDOFF, DANA S  
STREET ADDRESS 1021 NE 2ND ST #3  
CITY-ST-ZIP FORT LAUDERDALE FL 33301 ☐ Delete

TITLE NAME MGRM  
Davidoff, Dana S  
STREET ADDRESS 560 SE 23 Ave #2  
CITY-ST-ZIP Pompano Beach, FL 33062 ☒ Change ☐ Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ 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

Date

Daytime Phone #

CR2E083 (11/00)