

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005122

1. Entity Name

REMEMBERING SPIRIT CARD COMPANY LLC

FILED

01 JAN 25 PM 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

315 S.E. MIZNER BLVD. #205
BOCA RATON FL 33432

Mailing Address

315 S.E. MIZNER BLVD. #205
BOCA RATON FL 33432

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Nur

65-0952891

Applied For

Not Applicable

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

NEWMAN, ANN

211 SOUTH MAYA PALM DR.

BOCA RATON FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

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.

SIGNATURE

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

(NOTE: 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 MGR PRESIDENT
NEWMAN, ANN
STREET ADDRESS 211 SOUTH MAYA PALM DR.
CITY-ST-ZIP BOCA RATON FL

TITLE NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME MGRM NEWMAN, LAWRENCE J
STREET ADDRESS 211 SOUTH MAYA PALM DR.
CITY-ST-ZIP BOCA RATON FL 33432

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TITLE NAME
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:

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

Date

Daytime Phone #

1-11-01 561-391-3637

CR2E083 (11/00)