

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005122

1. Entity Name
REMEMBERING SPIRIT CARD COMPANY LLC

FILED
Jul 16, 2002 8:00 am
Secretary of State

07-16-2002 90369 044 ****50.00

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



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 **65-0952891**

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

NEWMANN, 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. I am familiar with, and accept the obligations of registered agent.

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
Due By September 25, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE **P** ☐ Delete
NAME **NEWMANN, ANN**
STREET ADDRESS **211 SOUTH MAYA PALM DR.**
CITY-ST-ZIP **BOCA RATON FL**

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

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

☐ Change ☐ Addition
TITLE
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CITY-ST-ZIP

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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:

Ann Newmann

7-6-02

361-391-3637

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

Date

Daytime Phone #

CR2E083 (4/02)