

2000 UNIFORM BUSINESS REPORT (UBR)

0000326 AF

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 29 PM 12:08

DOCUMENT # L99000005538

1. Entity Name

NOUVEAU NATURAL COVERING, LLC

Principal Place of Business

37 NORTH ORANGE STREET, SUITE 500
ORLANDO FL 32801

Mailing Address

37 NORTH ORANGE STREET, SUITE 500
ORLANDO FL 32801-2459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

MIKAEL STRANFORD

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

37 N. ORANGE AVENUE, SUITE 500

City

ORLANDO

FL

Zip Code

32801

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 MIKAEL STRANFORD, PRESIDENT

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/7/00

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

379/00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM
STREET ADDRESS RICARD, PIERRE
CITY- ST- ZIP CHEMIN DU MAS PERIE
34820 ASSAS FRANCE ☐ Delete

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

TITLE NAME MGRM
STREET ADDRESS PASCALE RICARD-CUBIZOL
CITY- ST- ZIP CHEMIN DU MAS PERIE
34820 ASSAS FRANCE ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED
Pascale Ricard

2/20/2000

Date

Daytime Phone #

CR2E083 (9/99)