

# LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L99000006559

1. Entity Name  
**ACCOUNT MANAGEMENT, LLC**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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2/24

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1015 10TH STREET</b>	3. Mailing Address <b>1015 10TH STREET</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>LAKE PARK, FL</b>	City & State <b>LAKE PARK, FL</b>
Zip <b>33403</b>	Country <b>US</b>

4. FEI Number <b>650956952</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name <b>ROCHELLE BAKER-HUGHES</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>1015 10TH STREET</b>	
City <b>LAKE PARK</b>	FL Zip Code <b>33403</b>

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 *Rochelle Baker-Hughes* DATE 1/22/03

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

FEE IS \$50.00  
Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER ADRIANA OLIVEIRA 1015 10TH STREET LAKE PARK, FL 33403</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300012960753 02/21/03--01055--020 **\$5.00</b>
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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: *Adriana Oliveira* DATE 1/22/03

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

CR2E083B (12/02)