

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007213

1. Entity Name

ELIZABETH ROLAND DESIGNS LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 FEB 24 AM 9:41

Principal Place of Business

423 LANGHOLM DRIVE
WINTER PARK FL 32789

Mailing Address

423 LANGHOLM DRIVE
WINTER PARK FL 32789-5252



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

6. Name and Address of Current Registered Agent

MANZI, KEITH
215 N. EOLA DRIVE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name Manzi, Keith
Street Address (P.O. Box Number is Not Acceptable)
6649 Westwood Blvd.
Suite 500
City Orlando FL Zip Code 32821

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

mf 3/7/00

9. MANAGING MEMBERS/MEMBERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Member
Lisa Manzi
423 Langholm Drive
Winter Park, Florida 32789

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
300003161903
-03/07/00--01101--024
*****50.00 *****50.00

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

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

TITLE ☐ Change ☐ Addition
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:

Lisa Manzi LISA MANZI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

2/16/00

Date

407-647-8676

Daytime Phone #

CR2E083 (9/99)