

2001 UNIFORM BUSINESS REPORT (UBR)

0008135 AF

DOCUMENT # L99000007932

1. Entity Name

RANDOM THINGS, LLC

FILED

01 MAR 16 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

3696 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

Mailing Address

P.O. BOX 934272
MARGATE FL 33093

2. Principal Place of Business

3540 BANKS RD

3. Mailing Address

Suite, Apt. #, etc.

207

City & State

MARGATE, FL

4. FEI Number

65-0961450

Applied For

Not Applicable

DO NOT WRITE IN THIS SPACE

City & State

MARGATE, FL

City & State

Zip

33063

Country: U.S.A

5. Certificate of Status Desired ☐

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS, MR. TERRIE
3696 COCOPLUM CIRCLE
COCONUT CREEK FL 33063

7. Name and Address of New Registered Agent

Name MR. TERRIE WILLIAMS

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

3540 BANKS RD, #207

City MARGATE

FL

Zip Code

33063

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 *J. Williams* / TERRIE WILLIAMS

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

(NOTE: Registered Agent signature required when reinstating)

3-1-01

DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE MGRM
NAME MR. TERRIE WILLIAMS
STREET ADDRESS 3696 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE MGRM
NAME MR. MAURICE WILLIAMS
STREET ADDRESS 3696 COCOPLUM CIRCLE
CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE MGRM
NAME MR. TERRIE WILLIAMS
STREET ADDRESS 3540 BANKS RD, #207
CITY-ST-ZIP MARGATE, FL 33063 ☒ Change ☐ Addition

TITLE MGRM
NAME MR. MAURICE WILLIAMS
STREET ADDRESS 3540 BANKS RD, #207
CITY-ST-ZIP MARGATE, FL 33063 ☒ Change ☐ Addition

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

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

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

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

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 *J. Williams* / TERRIE WILLIAMS

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

Date

Daytime Phone #

3-1-01 (954) 917-5055

CR2E083 (11/00)