

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90039 029 ****55.00

DOCUMENT # L 9900000 7932

1. Entity Name

RANDOM THINGS, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11441 NW 39TH CT.

3. Mailing Address
11441 NW 39TH CT.

Suite, Apt. #, etc.
UNIT 119

Suite, Apt. #, etc.
UNIT 119

City & State
CORAL SPRINGS, FL

City & State
CORAL SPRINGS, FL

Zip
33065

Country
US

Zip
33065

Country
US

4. FEI Number
650961450

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
TERRIE WILLIAMS

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

11441 NW 39TH CT., UNIT 119

City
CORAL SPRINGS

FL Zip Code
33065

**DO NOT WRITE
IN THIS SPACE**

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

TERRIE WILLIAMS

1/9/03
DATE

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
MGRM
TERRIE WILLIAMS
11441 39TH CT., UNIT 119
CORAL SPRINGS FL 33065

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CHUMAINE LEWIS
707 STANFORD CT.
EDGEWOOD MD 21040

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: T. Williams

TERRIE WILLIAMS

1/9/03
Date

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

Daytime Phone #

CR2E083B (12/02)