

2001 UNIFORM BUSINESS REPORT (UBR)

0030893 AB

DOCUMENT # M00000002025

1. Entity Name

STRESS DEPOT, LLC

FILED

01 APR 10 AM 8:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2225 E. RANDOL MILL RD., #305
ARLINGTON TX 76011

Mailing Address

2225 E. RANDOL MILL RD., #305
ARLINGTON TX 76011

2. Principal Place of Business

25897 State Rd #7

3. Mailing Address

Suite, Apt. #, etc.

City & State

Lauderhill, FL

City & State

Zip

33313

Country

Broward

Country

4. FEI Number

61-1360393

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANES, MICHAEL B
633 SOUTH FEDERAL HWY, STE 300A
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Scott A. Haire *MDRM* ☐ Delete
STREET ADDRESS 2225 E. Randol Mill Road
CITY-ST-ZIP Suite 305
Arlington, TX 76011

TITLE NAME Gil Valdez *MDRM* ☐ Delete
STREET ADDRESS 2225 E. Randol Mill Road
CITY-ST-ZIP Suite 305
Arlington, TX 76011

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000004036880--5
CITY-ST-ZIP -04/20/01--01127--038

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS *****50.00
CITY-ST-ZIP *****50.00

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

TITLE NAME ☐ Change ☐ Addition
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:

Scott A. Haire *MDRM* *2-28-01* *812633440*

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

Date

Daytime Phone #

CR2E083 (11/00)