

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90092 020 ****50.00

DOCUMENT # M01000002051

1. Entity Name

EXTERIOR EXPRESSIONS OF FLORIDA, LLC

Principal Place of Business

2875 BUFORD HWY 6440 Garden Rd
 DULUTH GA 30136 Riviera Beach, FL
 33404

Mailing Address

2875 BUFORD HWY
 DULUTH GA 30136

2. Principal Place of Business

6440 Garden Rd

3. Mailing Address

2875 Buford Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Riviera Beach FL

City & State

Duluth Ga

4. FEI Number

59-3600338

Applied For

Not Applicable

Zip

33404

Country

Palm Beach

Zip

30096

Country

Gwinnett

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

ROBERT M. ALLEN
 5505 SR 16
 ST AUGUSTINE FL
 32095

Name

Robert M. Allen, II

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

5505 State Road 16

St Augustine, FL

City

FL

Zip Code

32095

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

Robert M. Allen, II

3-8-02

Signature, type or print 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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	ALLEN, ROBERT M II	
STREET ADDRESS	2875 BUFORD HWY 5505 SR 16	
CITY-ST-ZIP	DULUTH GA 30136 ST AUGUSTINE FL 32095	
TITLE		<input type="checkbox"/> Delete
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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:

Robert M. Allen, II

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

3/8/02

Date

770-495-9919

Daytime Phone #

CR2E083 (9/01)