

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90101 001 ***150.00

DOCUMENT # M02000000098

1. Entity Name

LITTLE ME RETAIL STORES OF FLORIDA, LLC



Principal Place of Business

Mailing Address

**12101 UPPER POTOMAC INDUSTRIAL PARK
CUMBERLAND MD 21502**

**12101 UPPER POTOMAC INDUSTRIAL PARK
CUMBERLAND MD 21502**

2. Principal Place of Business

10801 Corkscrew Road

3. Mailing Address

Suite, Apt., #, etc.

Suite 339

City & State

Estero, FL

Zip

33928

Country

USA

Zip

33928

Country

USA

4. FEI Number

52-2267000

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$5.00 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **LITTLE ME RETAIL STORES, LLC**
STREET ADDRESS **12101 UPPER POTOMAC INDUSTRIAL PARK**
CITY-ST-ZIP **CUMBERLAND MD 21502**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

TITLE ☐ Change ☐ Addition
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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: *Amund W. Street, P.R. Limited*

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

3/27/03

(301) 729-4488 ext 1008

Date

Daytime Phone #

CR2E083 (10/02)

0077571