

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

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DOCUMENT # M02000001529

1. Entity Name

LITTLE ME RETAIL STORES OF ELLENTON, FLORIDA LLC



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

5447 Factory Shops Blvd

3. Mailing Address

Suite 221

Suite, Apt. #, etc.

Suite 221

City & State

Ellenton, FL

City & State

Zip

34222 USA

Country

4. FEI Number

52-226700

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 **SCHWAB, SAMUEL C**
STREET ADDRESS **12101 UPPER POTOMAC INDUSTRIAL PARK**
CITY-ST-ZIP **CUMBERLAND MD 21502**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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

SIGNATURE:

Samuel C Schwab

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

3/27/03 (201) 229-4488

Date

Daytime Phone #

6851908

CR2E083 (10/02)