LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

		VESS REPOR	T (AR	3 }	2 Secretary	of State	
1. Entity N	UMENT # M0200000 Name D CARD FRAMES, LLC				02-19-2003 90002 002 ****50.00		
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3784	al Place of Business, + Sw 58th Pl	3. Mailing Address	P.O. BOX 770742		<u>a'</u>		
Suite, Ar	pt. #, etc.	Suite. Apt. #, etc.]		
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City & St.		City & State					
	ala, FL	Ocala, Fi	Z	İ	4. FEI Number 05-0545393 52-20-049236-53-7	Applied For	
3447	14 Country Marion	Zip 34477-0742	Country			Not Applicable	
			Mario		Fe Fe	5.00 Additional	
			Nan		7. Name and Address of Current Registered A	gent	
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			Stre	et Address (P	P.O. Box Number is Not Acceptable)		
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			City		FL	Zip Code	
	e named entity submits this statement fo ations of registered agent.	ir the purpose of changing its r	registered office	e or registere	rd agent, or both, in the State of Florida. I am lamil	liar with, and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable.				}	
		F	EE 15, \$50.0	0	OATE		
		Make Check Payable	e to Florida D UE BY MAY	Jepartment	Cof. State	*	
9.	MANAGING MEMBER	RS/MANAGERS	VED INTER	上 前秦田师			
TITLE	Partner	10) INCHARGE IO	TRILE				
NAME STREET ADDRESS	Faul W. Stone 5184 sw 58th Pl		NAME				
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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME :

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

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TITLE

NAME

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

Date

Daytime Phone #