

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 26, 2003 8:00 am
Secretary of State

09-26-2003 90002 036 ****50.00

DOCUMENT # M97000000089

1. Entity Name

SEASONS IN THE SUN CHRISTMAS SHOPPE, L.L.C.



Principal Place of Business

Mailing Address

~~7600 N. FEDERAL HWY~~
BOCA RATON FL 33487

~~7531 N. Federal Hwy~~
Suite E-7

~~7600 N. FEDERAL HWY~~
BOCA RATON FL 33487

~~7531 N. Federal Hwy~~
Suite E-7

2. Principal Place of Business

7531 N. Federal Hwy

Suite, Apt. #, etc.

Suite E-7

City & State

Boca Raton FL

Zip

33487

Country

Palmdale

3. Mailing Address

7531 N. Federal Hwy

Suite, Apt. #, etc.

Suite E-7

City & State

Boca Raton FL

Zip

33487

Country

Palmdale



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3498195**

Applied For

Not Applicable

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

MCNEILL, JOHN J
6880 NW 4TH AVENUE
BOCA RATON FL 33487

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

9/24/03

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MCNEILL, JOHN J	
STREET ADDRESS	6880 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FERNICOLA, JOHN	
STREET ADDRESS	7 SHAW CT.	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KRAMER, JAMES	
STREET ADDRESS	6880 NW 4TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	TAOROMINA, DIANE	
STREET ADDRESS	4 MARTIN PLACE	
CITY-ST-ZIP	FAIRFIELD NJ 07004	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

SIGNATURE REQUIRED

9/24/03

561-995-7327

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

Date

Daytime Phone #

CR2E083 (4/03)