

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M 99000000868

1. Entity Name

J+N Creative Culinary Concepts LLC

Principal Place of Business

Mailing Address

FILED

01 MAY -1 PM 5:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

5100 Town Center Circle

1515 S. Federal Highway

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

Suite 211

City & State

City & State

Boca Raton FL

Boca Raton FL

Zip

Country

Zip

Country

33486

Palm Beach

33432

4. FEI Number

65-0882050

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Susan Fedderman

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

1515 S. Federal Hwy, Suite 211

City

Boca Raton

FL

Zip Code

33432

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

Susan Fedderman Susan Fedderman, Controller 4/30/01

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 Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Manager
Roxanne Maranda
2112 NE 63rd St
Fort Lauderdale FL 33308

☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Change ☐ Addition

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:

Roxanne Maranda 04-30-01 561-417-6240