

2003 For Profit Corporation
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90211 006 ***150.00

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1. Entity Name **PO1000023532**

BAKERY CONCEPTS, L.L.C. Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2112 N Flamingo Rd

Suite, Apt. #, etc.

3. Mailing Address

2112 N Flamingo Rd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Pembroke Pines, FL

City & State
Pembroke Pines, FL

4. FEI Number

651091384

Applied For

Not Applicable

Zip

33028

Country

USA

Zip

33028

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Dorothy Dickens

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

16731 SW 49th Court

Miramar

City

FL

Zip Code

33027

**DO NOT WRITE
IN THIS SPACE**

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

Dorothy Dickens

Signature, typed or printed name of registered agent and title if applicable.

4/10/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President
Hayes Dickens
16731 SW 49th Court
Miramar, FL 33027**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
Dorothy Dickens
16731 SW 49th Court
Miramar, FL 33027**

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IN THIS SPACE**

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:

Dorothy Dickens

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

4-10-03

Date

Daytime Phone #

CR2E083B (12/02)