

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

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

DOCUMENT # ~~102000033822~~

1. Entity Name **PO1000023532**

BAKERY CONCEPTS, L.L.C. Inc.



04-18-2003 90211 006 ***150.00

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

**DO NOT WRITE
 IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Dorothy Dickens**
 Street Address (P.O. Box Number is Not Acceptable) **16731 SW 49th Court**
Micamut
 City **FL** Zip Code **33027**

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*

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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	Hayes Dickens	16731 SW 49th Court	Micamut, FL 33027				
VP	Dorothy Dickens	16731 SW 49th Court	Micamut, FL 33027				

**DO NOT WRITE
 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*

4-10-03

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

Date

Daytime Phone #

CR2E083B (12/02)