

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90586 030 ****50.00

DOCUMENT # L02000001686

1. Entity Name
RELIABLE FURNITURE REPAIR, L.L.C.



Principal Place of Business Mailing Address
P.O. BOX 1166 106 COURTENAY CT. P.O. BOX 1166 106 COURTENAY CT.
STUART FL 34985-1166 JUPITER, FL 33458 STUART FL 34985-1166 JUPITER, FL 33458



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business **106 COURTENAY CT.**

3. Mailing Address **106 COURTENAY CT.**

Suite, Apt. #, etc.

City & State **JUPITER, FL.**

4. FEI Number **03-0398428** Applied For Not Applicable

Zip **33458** Country **USA**

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
KOHL, N. DEAN JR ESQ.
50 S.E. KINDRED ST., STE. 107
STUART FL 34995

7. Name and Address of New Registered Agent
 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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
	MGRM				
	CARL SCHENK				
	106 COURTENAY CT.				
	JUPITER, FL. 33458				

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: **Carl K. Schenk (CARL K. SCHENK)** Date: **4-30-03** Daytime Phone #: **561-624-2821**