

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058459

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: UPHOLSTERY SOLUTIONS LLC

## Current Principal Place of Business:

1816 ST. JOHNS BLUFF ROAD S. STE 106  
JACKSONVILLE, FL 32246

## New Principal Place of Business:

13725 BEACH BLVD  
SUITE 13  
JACKSONVILLE, FL 32224

## Current Mailing Address:

1816 ST. JOHNS BLUFF ROAD S. STE 106  
JACKSONVILLE, FL 32246

## New Mailing Address:

13725 BEACH BLVD  
SUITE 13  
JACKSONVILLE, FL 32224

FEI Number: 20-5118202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GONZALEZ, JORGE A  
1816 ST JOHNS BLUFF ROAD S. STE 106  
JACKSONVILLE, FL 32246 US

## Name and Address of New Registered Agent:

GONZALEZ, JORGE A  
13725 BEACH BLVD  
SUITE 13  
JACKSONVILLE, FL 32224 US

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: JORGE A GONZALEZ

04/10/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GONZALEZ, JORGE A  
Address: 1816 ST. JOHNS BLUFF ROAD S. STE 106  
City-St-Zip: JACKSONVILLE, FL 32246

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GONZALEZ, JORGE A  
Address: 13725 BEACH BLVD SUITE 13  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JORGE A GONZALEZ

MGRM

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date