2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

8/19/

FILED
Aug 29, 2003 8:00 am
Secretary of State
08-19-2003 90010 002 ****50.00

DOCUMENT # L02000016427

1. Entity Name

ELITE FURNITURE RESOURCES, LLC

55055263

Principal Place of Business	Mailing Address
1856 SUTTON LAKES BLVD JACKSONVILLE FL 32246	1856 SUTTON LAKES BLVD JACKSONVILLE FL 32246

[redacted]

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
11012 ~~M~~ Mandarin Station Dr. W.		11012 Mandarin Station Dr W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Jacksonville FL		City & State: Jacksonville FL	
Zip: 32257	Country: ~~Duval~~ US	Zip: 32257	Country: US

4. FEI Number: 01-0734000 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCKENNA, CHRISTIAN F 1856 SUTTON LAKES BLVD JACSONVILLE FL 32246	Name: ~~Christian McKenna~~ Street Address (P.O. Box Number is Not Acceptable): 11012 Mandarin Station Dr. W City: Jacksonville FL Zip Code: 32257

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 ______________________________ DATE ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENNA, CHRISTIAN F 1856 SUTTON LAKES BLVD. JACKSONVILLE FL 32246	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ~~Brad~~ Beyerlein, Brad 1909 University Blvd S Apt 102 Jacksonville FL 32216	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (4/03)

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: SIGNATURE REQUIRED 08-16-2003 904 477 8147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #