

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # L00000000840

1. Entry Name
UTC FABRICS LLC



Principal Place of Business
**1700 NW 65TH AVE., #4
PLANTATION, FL 33313**

Mailing Address
**1700 NW 65TH AVE., #4
PLANTATION, FL 33313**

DO NOT WRITE IN THIS SPACE



02062006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
65-1107541

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHREIBER, LAWRENCE C
1700 NW 65TH AVE., #4
PLANTATION, FL 33313**

**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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE **P**
NAME **SCHREIBER, LAWRENCE C**
STREET ADDRESS **1700 NW 65TH AVE., #4**
CITY-ST-ZIP **PLANTATION, FL 33313**

TITLE
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**000000434475
02/25/06 80003-017 50.00**

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE: _____

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

Date

Daytime Phone #

LAWRENCE C. SCHREIBER 2/13/06 954-321-2599