

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003913

1. Entity Name
MOBILE FURNITURE REPAIR L.C.

APPROVED
AND
FILED

01 JUN 14 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
625 INDUSTRIAL AVENUE EAST
UNIT N-6
BOYNTON BEACH FL 33426

Mailing Address
625 INDUSTRIAL AVENUE EAST
UNIT N-6
BOYNTON BEACH FL 33426

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number 65-0998656
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
MURPHY, BRIAN
625 INDUSTRIAL AVENUE EAST
BOYNTON BEACH FL 33426

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.

SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
Delete

10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP
OWNER BRIAN MURPHY MGR 625 INDUSTRIAL AVE. EAST BOYNTON BEACH, FL. 33462
Change Addition
800004423708--1
-06/18/01--01019--016
*****50.00 *****50.00
Change Addition

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: BRIAN MURPHY 4/22/01 561-433-2146
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

0031708 SP

CR2E083 (11/00)