2001 HNIEGRM RUSINESS REDORT (HRD)

STAPLE CHECK HERE

DOCUMENT # L0000008731									
PREFERRED INTERIORS LLC					FILED				
Principal Place of Business Mailing Address					01	JUL 16 AM 8	47		٠
2033 TRADE CENTER WAY NAPLES FL 34109		2033 TRADE CENTER WAY NAPLES FL 34109			SEC TALI	RETARY OF STAT LAHASSEE, FLORI	TE D A		
Principal Place of Business 3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRIT	E IN THIS SI	PACE	
City & State		City & State			4. FEIN	lumber			oplied For
Zip	Country	Zip	Country		5. Certi	ficate of Status Desired		5.00 Add	ditional
	Name		7. Name	e and Address of New R	egistered A	gent			
HADLEY III, RALPH V 1031 WEST MONROE BLVD				Street Address (P.O. Box Number is Not Acceptable)					
STE 160 WINTER PARK FL 32789			•			A STATE OF THE STA		- "	
AAII	VIER PARK FL 32/09		City				FL	Zip Cod	e
8. The above named spritty/submitty this statement/fo/the purpose of changing its registered office or registered agent, or both, in the State of Florida.									
SIGNATURE _	Signature typed or printed name of registered agent a	and title if applicable. NOTE: F	Registered Agent sign	ature required w	hen reinstati	ng)	DATE		·
	U	FILE NO	W!!! FEE IS	\$50.00			:		
		Make Check Paya Due By S	able to Depai September 26		State		•		,
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ELIZABETH O ZOZZTRADE NAOLED, FL	LUTERWAY 34/09	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3			, ,	☐ Change	Addition .
TITLE NAME STREET ADDRESS	,	☐ Delete	TITLE NAME STREET ADDRESS			၁၀၀၀၀	1 1 125	□ Change	
CITY-ST-ZIP		Delete	CITY-ST-ZIP		به به الميدورين	· · · · · · · · · · · · · · · · · · ·	¥50 <u>,</u> 00	★★★本 ☐ Change	3.50.00
NAME STREET ADDRESS CITY-ST-ZIP		· 🗀 Delete	NAME STREET ADDRESS CITY-ST-ZIP	5				□ ¢nange	Addition
TITLE		☐ Delete	TITLE	- 			<u>!</u> 	☐ Change	Addition
NAME Street address City-St-Zip			NAME STREET ADDRESS CITY-ST-ZIP	;			! ! !		
TITLE NAME		☐ Delete	TITLE NAME				·	Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	;					
TITLE NAME STREET AUDRESS		□ Delete	TITLE NAME STREET ADDRESS					☐ Change	☐ Addition
CITY-ST-ZIP		ALC: DU LICE OF CO.	CITY-ST-ZIP			77/0V/V F1 0:	E als 2		
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 truly 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 AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OF AUTHORIZED REPRESENTATIVE Date Daylime Phone #									