

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90090 041 ****50.00

DOCUMENT # L01000022219

1. Entity Name

FURNITURE PORTE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11950 AMEDICUS LANE

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNITS 105-110

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

FT MYERS, FLORIDA

City & State

4. FEI Number

01-0588677

Applied For

Not Applicable

Zip

Country

33907

LEE

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NEAL NOWEND

Street Address (P.O. Box Number is Not Acceptable)

11950 AMEDICUS LANE

UNIT 105-110

City

FT MYERS

FL

Zip Code

33907

**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.

SIGNATURE

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

DATE

2-15-02

FEE IS \$50.00

Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
NEAL NOWEND
624 S.E. SANTA BARBARA PL
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
CHERI NOWEND
624 S.E. SANTA BARBARA PL
CAPE CORAL, FL 33990

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
LIZ AGNELLO
637 ADRIANE
KISSIMEE FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGING MEMBER
GARY WEINBERG
637 ADRIANE
KISSIMEE, FL 34744

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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

NEAL NOWEND

2-15-02 941-772-8164

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

Date

Daytime Phone #

CR2E083B (12/01)