2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State
05-02-2003 90586 030 ****50.00

DOCUMENT # L02000001686

1. Entity Name
RELIABLE FURNITURE REPAIR, L.L.C.

Principal Place of Business	Mailing Address
~~P.O. BOX 1166~~ 106 COURTENAY CT.	~~P.O. BOX 1166~~ 106 COURTENAY CT.
~~STUART FL 34995-1166~~ JUPITER, FL 33458	~~STUART FL 34995-1166~~ JUPITER, FL 33458

2. Principal Place of Business	3. Mailing Address
106 COURTENAY CT.	106 COURTENAY CT.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: JUPITER, FL	City & State: JUPITER, FL.
Zip: 33458 / Country: USA	Zip: 33458 / Country: USA

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 03-0398428 — 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
KOHL, N. DEAN JR ESQ. 50 S.E. KINDRED ST., STE. 107 STUART FL 34995	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. 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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete	TITLE MGRM NAME CARL SCHENK STREET ADDRESS 106 COURTENAY CT. CITY-ST-ZIP JUPITER, FL. 33458 ☐ 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

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: Carl K. Schenk (CARL K. SCHENK) 4-30-03 561-624-2821

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #