

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2003 8:00 am
Secretary of State

09-22-2003 90104 045 ****50.00

DOCUMENT # L02000002656

1. Entity Name

CUSHION EXPRESS INTERNATIONAL, L.L.C.



Principal Place of Business

9095 - 17TH PLACE
VERO BEACH FL 32966

Mailing Address

9095 - 17TH PLACE
VERO BEACH FL 32966

2. Principal Place of Business

3. Mailing Address

100 B INDUSTRIAL PARK BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

SEBASTIAN, FL

Zip

Country

Zip

Country

FL 32958 USA

4. FEI Number

59-2379994

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

TAYLOR, J. ATWOOD, III
5070 N. HIGHWAY A-1-A, SUITE 200
VERO BEACH FL 32963

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 September 24, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME WALLACE, ANDREW
STREET ADDRESS 9095 - 17TH PLACE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS 100 B INDUSTRIAL PARK BLVD
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Change ☐ Addition

TITLE MGRM
NAME WALLACE, HEIDI
STREET ADDRESS 9095 - 17TH PLACE
CITY-ST-ZIP VERO BEACH FL 32966 ☐ Delete

TITLE
NAME
STREET ADDRESS 100 B INDUSTRIAL PARK BLVD
CITY-ST-ZIP SEBASTIAN FL 32958 ☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

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

Date

Daytime Phone #

CR2E083 (4/03)