2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000011221

1. Entity Name

SOLID WOOD DOORS, LLC



FILED Feb 17, 2003 8:00 am Secretary of State
02-17-2003 90007 020 ****50.00

					TO WE TEST	' •					
Principal Place of Business			Mailing Address		 	7					
801 ROBERT AVE. LEHIGH ACRES FL 33972			901 ROBERT AVE. LEHIGH ACRES FL 33972								
							(1814 3 14 66 11 6 11 8 11 36 111 65 111 6		11 11 010 11 111) 	
2. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 04-366087Z Applied For Not Applicable					
Zip Country			Zip Country			5. Certificate of Status Desired — \$5.00 Additional Fee Required					
6. Name and Address of Current F			gistered Agent			7. Name and Address of New Registered Agent					
SPII	EGEL & UTRERA, P.A.				Name		······································		<u> </u>	,	
1840 SOUTHWEST 22 STREET 4TH FLOOR					Street Address (P.O. Box Number is Not Acceptable)						
	MI FL 33145										
					City			FL	Zip Coo	de	
8. The above the obligat	named entity submits this stitions of registered agent.	atement for the	purpose of changing its	registere	d office or registe	ered agent, or b	ooth, in the State of Florida	a. I am fa	amiliar with,	, and accept	
SIGNATURE .	Signature, typed or printed name of reg	histored agent and ti	tle if applicable (NOT)	Er Ponintorod	Agent sisses us as a live					<u></u>	
	organical, typod or printed harris or re-	Jistereo agent and ti		•	Agent signature require			DATE			
		•			EE IS \$50.00						
			Make Check Payabl Due		п оа Depar tme у 1, 2003	ent of State					
9.		G MEMBERS/	MANAGERS	10.		<u></u>	ADDITIONS/CH	ANGES			
TITLE	MGR		☐ Delete	TITLE					☐ Change	Addition	
NAME CTREET ADOPTED	CARO, MIGUEL A			NAME			•				
STREET ADORESS CITY-ST-ZIP	801 ROBERT AVE. LEHIGH ACRES FL 339	179		STREE CITY-S	T ADDRESS						
TITLE	MGR	712	Delete	TITLE	31-211					□ Addition	
NAME	CARO, EDGARD H		Delete	NAME					☐ Change	Addition	
STREET ADDRESS	801 ROBERT AVE.			- 6	T ADDRESS						
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Name Street address				NAME	ADDRESS						
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STREET ADDRESS CITY-ST-ZIP			[]	18	ADDRESS						
	avelfu shae sha i-f		Alderda Santa Sant	CITY-S					<u> </u>		
indicated liab	ertify that the information sup on this report is true and acc pility company or the receive	urate and that or trustee em	my signature shall have the covered to execute this re-	ine exem he same l eport as ri	puon stated in Se egal effect as if n equired by Chap	ection 119.07(3 nade under oat ter 608, Florida	rj(i), Florida Statutes. I furt th; that I am a managing a Statutes.	ner certif member	y that the in or manage	ntormation r of the	

SIGNATURE:

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