LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State
04-17-2003 90035 004 ****50.00

DOCUMENT # L02000020291

1. Entity Name
MAIN DECK IMPORTS, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
977 WINDWARD WAY	PO BOX 267626
Suite, Apt. #, etc.	Suite, Apt. #, etc.
WESTON FL	WESTON FL
Zip 33327 Country USA	Zip 33326 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3707832 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSE FL Zip Code: 32301

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER FABIO MARCO RAINUZZO 977 WINDWARD WAY WESTON FL 33327
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER ANA LAURA KENNY DE RAINUZZO 977 WINDWARD WAY WESTON FL 33327
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CR2E083B (12/02)

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: _____ ANA L. KENNY APR 14, 2003 (954) 873-1613
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #