

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2003 8:00 am
Secretary of State

4/25/

04-25-2003 90755 029 ****50.00

DOCUMENT # L02000020742

1. Entity Name

GABREE FURNITURE, LLC



Principal Place of Business

Mailing Address

3644 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

3644 PHILLIPS HIGHWAY
JACKSONVILLE FL 32207

44001987



2. Principal Place of Business

1365 HAINES STREET

3. Mailing Address

4204 HERSCHEL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE, FL

4. FEI Number

03-0479182

Applied For

Not Applicable

Zip
32206

Country
USA

Zip
32210

Country
USA

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

**STONEBURNER, BERRY & SIMMONS, P.A.
ONE INDEPENDENT DRIVE, SUITE 2000
JACKSONVILLE FL 32202**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGING MEMBER
BRIAN M. GABREE
4204 HERSCHEL ST., #54
JACKSONVILLE, FL 32210**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 REQUIRED

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

Date

Daytime Phone #

(904)

4/15/03 354-3224

CR2E083 (10/02)