

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90057 036 \*\*\*\*50.00

**DOCUMENT #** LD3000003899

1. Entity Name

SCHORIG HOLDING LLC

**DO NOT WRITE IN THIS SPACE**

20040100

2. Principal Place of Business  
2110 N. OCEAN BLVD APT. 2303  
Suite, Apt. #, etc

3. Mailing Address  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
FORT LAUDERDALE, FL

City & State

4. FEI Number  
90-0085611

Applied For  
Not Applicable

Zip Country  
33305

Zip Country

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

**DO NOT WRITE  
IN THIS SPACE**

\*7. Name and Address of Current Registered Agent

Name  
**LAYNE VEREBAY**  
Street Address (P.O. Box Number is Not Acceptable)  
**888 SE 3RD AVE**  
**SUITE 400**  
City  
**FORT LAUDERDALE** **FL** Zip Code  
**33316**

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.

DATE

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

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MANAGING MEMBER**  
**WILLIAM SCHOOLMAN**  
**2110 N. OCEAN BLVD APT. 2303**  
**FORT LAUDERDALE, FL 33305**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MEMBER**  
**MARCIA RIGGI**  
**3201 NE 183RD ST APT. 1705**  
**AVENTURA, FL 33160**

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: William Schoolman

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

Date

Daytime Phone #

CR2E083B (12/02)

954-5615  
6358