

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-02-2007 90436 029 ****55.00

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

DOCUMENT # **L 0 3000003899**

1. Entity Name

SCHORIG HOLDINGS LLC

DO NOT WRITE IN THIS SPACE

30004906

2. Principal Place of Business
2110 N. OCEAN BLVD APT. 2303

3. Mailing Address

Suite, Apt. #, etc.

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
33305

Country

Zip

Country

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

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

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IN THIS SPACE**

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

FEI 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MEMBER
MARCIA RIGGI
3202 NE 183RD ST., APT. 1705
AVENTURA, FL 33160**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CRF-0846 (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: 

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

Date

Daytime Phone #

4/10/07 954-565-7734