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Apr 25, 2008 8:00 am
Secretary of State

03-25-2008 90085 007 ****50.00
04-25-2008 90026 048 ****88.75

3/2

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000003899

1. Entity Name

SCHORIG HOLDINGS LLC

DO NOT WRITE IN THIS SPACE

60028903

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2. Principal Place of Business	3. Mailing Address
2110 N. OCEAN BLVD APT. 2303	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: FORT LAUDERDALE, FL	City & State
Zip: 33305 / Country	Zip / Country

4. FEI Number: 90-0085611 ☐ 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: 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 WILLIAM SCHOOLMAN 3/17/08

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

FEE: $350.00
Make Check Payable to Department of State
DUE BY MAY 1

9.	MANAGING MEMBERS/MANAGERS
TITLE	MANAGING MEMBER
NAME	WILLIAM SCHOOLMAN
STREET ADDRESS	2110 N. OCEAN BLVD, APT. 2303
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	MEMBER
NAME	MARCIA RIGGI
STREET ADDRESS	3201 NE 183RD ST, APT. 1705
CITY-ST-ZIP	AVENTURA, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X William Schoolman 3/18/08 954-565-7734

SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #