

FILED
Apr 25, 2008 8:00 am
Secretary of State

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

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L03000003899

1. Entity Name

SCHORIG HOLDINGS LLC

DO NOT WRITE IN THIS SPACE

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

Zip Code
FL 33316

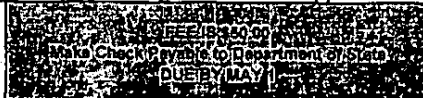
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WILLIAM SCHOOLMAN

3/17/08

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

DATE



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
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: X

William Schoolman

3/28/08 954-565-7734

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

Date

Daytime Phone #