

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2008 8:00 am
Secretary of State

08-15-2008 90025 014 ***538.75

DOCUMENT # L03000030903

1. Entity Name
HIGH POINT SEATING, LLC



Principal Place of Business
1377 CLINT MOORE RD.
BOCA RATON, FL 33487

Mailing Address
1377 CLINT MOORE RD.
BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #
116 B Bord Kanny Rd
Suite, Apt. #, etc.

3. Mailing Address
20858 Pinar Trail
Suite, Apt. #, etc.

City & State
Thomasville NC
Zip
27360
Country
USA

City & State
Boca Raton FL
Zip
33487
Country
USA



07032008 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0083514

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
MILLER, JAY C MGRM
20858 PINAR TRAIL
BOCA RATON, FL 33433

7. Name and Address of New Registered Agent
Name
Miller Jay C MGRM
Street Address (P.O. Box Number is Not Acceptable)
20858 Pinar Trail
City
Boca Raton
FL Zip Code
33433

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$538.75
Due by September 12, 2008

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MILLER, JAY 1377 CLINT MOORE RD # 300 BOCA RATON, FL 33487 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: JAY MILLER MGRM **7-3-08** **561-995-0090**

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