


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

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90495 033 \*\*\*\*50.00

DOCUMENT # <b>L 03000054079</b>	
1. Entity Name <b>OR DOOR, LLC</b>	

**DO NOT WRITE IN THIS SPACE**

**24034368**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>2945 YorkTown ST</b>		3. Mailing Address <b>2945 YorkTown ST</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Sarasota, FL</b>		City & State <b>Sarasota, FL</b>	
Zip <b>34231</b>	Country <b>USA</b>	Zip <b>34231</b>	Country <b>USA</b>
4. FEI Nurr <b>55#</b>		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Ronald R. Schmitt</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>2945 YorkTown ST</b>	
	City <b>Sarasota</b>	FL Zip Code <b>34231</b>

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

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>manager Ronald R. Schmitt 2945 YorkTown ST. Sarasota, FL 34231</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Ronald R. Schmitt* 4-1-04 (941) 922-9297  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)