

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

FILED
Mar 30, 2005 8:00 am
Secretary of State

03-30-2005 90163 024 ****50.00

DOCUMENT # **L04000054031**



1. Entity Name

Oros Cabinetry

DO NOT WRITE IN THIS SPACE

20025427

2. Principal Place of Business

5580 Kismet ter.

Suite, Apt. #, etc.

3. Mailing Address

5580 Kismet ter.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North - Port FL

City & State

North - Port FL

4. FEI Number

51-0516449

Applied For

Not Applicable

Zip
34287

Country

USA

Zip
34287

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Davyo Oros**

Street Address (P.O. Box Number is Not Acceptable)
5580 Kismet ter.

City **North - Port**

FL

Zip Code
34287

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]

Davyo Oros

3/3/05

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

DATE

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
**President
Davyo Oros
5580 Kismet ter.
North - Port FL 34287**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ROMAN KOSTAK
405 GRAYADA Blvd.
North - Port FL 34287**

TITLE
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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:

[Signature]

Davyo Oros

3/3/05 (741)661-9282

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

Date

Daytime Phone #

CR2E083B (12/02)