

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

ATX1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -2 AM 9:29

DOCUMENT # 104000093411  
1. Entity Name  
**Architectural Remodeling and Design, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>16033 E. Pleasure Dr.</b>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Loxahatchee, FL</b>		City & State	
Zip <b>33470</b>	Country <b>US</b>	Zip	Country

4. FEI Number <b>51-0531923</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

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 <b>James Tomany</b>	
Street Address (P.O. Box Number is Not Acceptable) <b>16033 E. Pleasure Dr.</b>	
City <b>Loxahatchee</b>	Zip Code <b>FL 33470</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 James Tomany **James Tomany** **700061112187**  
Signature, typed or printed name of registered agent and title if applicable. **11/02/05--01030--007** **10/21/2005**  
DATE

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM James Tomany 16033 E. Pleasure Dr. Loxahatchee, FL 33470</b>	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		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 2005</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
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	

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: James Tomany **James Tomany** **10/21/05**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #