

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2006 8:00 am
Secretary of State

01-09-2006 90048 025 ****50.00

DOCUMENT # L05000003764

1. Entity Name
REGAL HOLIDAY FURNITURE, LLC



Principal Place of Business
~~501 MIRASOL CIRCLE #419~~ 619 MULBERRY AVE.
CELEBRATION, FL 34747

Mailing Address 619 MULBERRY AVE.
~~501 MIRASOL CIRCLE #419~~
CELEBRATION, FL 34747



2. Principal Place of Business
619 MULBERRY AVE.
Suite, Apt. #, etc.

3. Mailing Address
619 MULBERRY AVE.
Suite, Apt. #, etc.

01052006 Chg-LLC CR2E083 (11/05)

City & State
CELEBRATION, FL
Zip
34747
Country
USA

City & State
CELEBRATION, FL
Zip
34747
Country
USA

4. FEI Number
42-1656412
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

PRESIDENTIAL SERVICES INCORPORATED
1247 CAPE CORAL PKWY BENJAMIN ARONSON
#300- 619 MULBERRY AVE.
CAPE CORAL, FL 33904
CELEBRATION, FL 34747

7. Name and Address of New Registered Agent

Name BENJAMIN ARONSON
Street Address (P.O. Box Number is Not Acceptable)
619 MULBERRY AVE.
City CELEBRATION FL Zip Code 34747

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 BENJAMIN ARONSON MANAGING MEMBER
Benjamin Aronson
(NOTE: Registered Agent signature required when reinstating)
DATE 1/6/06

Filing Fee is \$50.00
Due by May 1, 2006

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ARONSON, BENJAMIN ☐ Delete
STREET ADDRESS 501 MIRASOL CIRCLE #419
CITY - ST - ZIP CELEBRATION, FL 34747

TITLE MGR
NAME ARONSON, MURIEL K ☐ Delete
STREET ADDRESS 501 MIRASOL CIRCLE #419
CITY - ST - ZIP CELEBRATION, FL 34747

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 619 MULBERRY AVE.
CITY - ST - ZIP

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 619 MULBERRY AVE.
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP

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: BENJAMIN ARONSON
Benjamin Aronson
1/6/06 321 939 2680
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #