


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2008 8:00 am**  
**Secretary of State**

01-09-2008 90021 049 \*\*\*138.75

<b>DOCUMENT # L05000049109</b>	
1. Entity Name <b>DECOR SHOPPE INDUSTRIES LLC</b>	

Principal Place of Business <b>1225 TAMiami TRAIL UNIT A-7 PORT CHARLOTTE, FL 33953</b>	Mailing Address <b>1225 TAMiami TRAIL UNIT A-7 PORT CHARLOTTE, FL 33953</b>
--	--

2. Principal Place of Business - No P.O. Box # <b>UNIT A-7</b>	3. Mailing Address <b>1225 TAMiami TR.</b>
Suite, Apt. #, etc. <b>1225 TAMiami TR</b>	Suite, Apt. #, etc. <b>A-7</b>
City & State <b>PORT CHARLOTTE FL</b>	City & State <b>PORT CHARLOTTE FL</b>
Zip <b>33953</b>	Country <b>USA</b>

**60000526**



01072008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-2857524</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent <b>FLEISHMAN, JACK R 6440 MALALUKA RD NORTH PORT, FL 34287</b>		7. Name and Address of New Registered Agent Name <b>JACK R FLEISHMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>6440 MALALUKA RD.</b> City <b>NORTH PORT</b> FL Zip Code <b>34287</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 *[Signature]* DATE **1-7-08**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FLEISHMAN, JACK R 6440 MALALUKA RD NORTH PORT, FL 34287 <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	MGRM FLEISHMAN, LORRAINE 6440 MALALUKA RD NORTH PORT, FL 34287 <input checked="" 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
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
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
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: *[Signature]* **JACK R FLEISHMAN** DATE **1-07-08** Daytime Phone # **941-6293131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

# 60000526

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS



[Home](#) [Contact Us](#) [E-Filing Services](#) [Document Searches](#) [Forms](#) [Help](#)

## 2008 Annual Report

Listed below is the most recent information reported for the entity. Please review and click the 'Continue' button at the bottom to generate the annual report form.

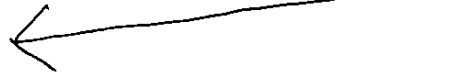
**\*\* The document number, business name and file date cannot be changed on the report. \*\***

**Document Number** L05000049109  
**Business Entity Name** DECOR SHOPPE INDUSTRIES LLC  
**Original File Date** 05/16/2005  
**FEI Number** 20-2857524  
**Principal Address** 1225 TAMIAMI TRAIL  
 UNIT A-7  
 PORT CHARLOTTE, FL 33953  
**Mailing Address** 1225 TAMIAMI TRAIL  
 UNIT A-7  
 PORT CHARLOTTE, FL 33953  
**Registered Agent** JACK R FLEISHMAN  
 6440 MALALUKA RD  
 NORTH PORT, FL 34287 US

### Managing Member/Manager Name And Address

MGRM  
 JACK R FLEISHMAN  
 6440 MALALUKA RD  
 NORTH PORT, FL 34287  
 MGRM  
 LORRAINE FLEISHMAN  
 6440 MALALUKA RD  
 NORTH PORT, FL 34287

DELETE



If all of the above  
 information is correct and  
 you do not wish to make  
 any changes, please  
 select:

If you need to make  
 changes to the above  
 information, please  
 select: