


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90180 011 ***150.00

DOCUMENT # L05000054090	
1. Entity Name 2X4 HOME DECOR, LLC	

DO NOT WRITE IN THIS SPACE

20009649

2. Principal Place of Business 2584 DOVER GLEN CIRCLE	3. Mailing Address 2584 DOVER GLEN CIRCLE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 20-2934653	Applied For <input type="checkbox"/> Not Applicable
Zip 32828	Country USA	Zip 32828	Country USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name SCOTT MARRERO	
	Street Address (P.O. Box Number is Not Acceptable) 2584 DOVER GLEN CIRCLE	
	City ORLANDO	FL Zip Code 32828

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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating).)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SCOTT MARRERO 2584 DOVER GLEN CIR ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER SAMI MARRERO 2584 DOVER GLEN CIR ORLANDO, FL 32828	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: <i>Scott Marrero</i>	2/16/06	407 382 2795
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)