

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

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90363 025 ***150.00

DOCUMENT # <u>L060000021318</u>	
1. Entity Name GARAGE SOLUTIONS LLC	
DOUGLAS and KAREN ONOFRIO	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13806 LITTLE ROAD Suite, Apt. #, etc. 138 City & State HUDSON, FL Zip 34667		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country USA	
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4. FEI Number 20-4422670	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name DOUGLAS ONOFRIO	
Street Address (P.O. Box Number is Not Acceptable) 13806 LITTLE ROAD #138	
City HUDSON	Zip Code FL 34667

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE 4/28/07

January 1 - May 4 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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT DOUGLAS ONOFRIO 9118 FLAGSTICK LN HUDSON, FL 34667
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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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/07

Daytime Phone #