

FOR PROFIT  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 05, 2008 8:00 am  
Secretary of State

05-05-2008 90026 035 \*\*\*150.00

DOCUMENT # L06000021318

1. Entity Name

GARAGE SOLUTIONS, LLC

DOUGLAS and KAREN ONOFRIO

DO NOT WRITE IN THIS SPACE

60038572

2. Principal Place of Business  
9118 FLAGSTICK LANE

Suite, Apt. #, etc.

3. Mailing Address

13806 Little Rd #  
Suite, Apt. #, etc. #138

DO NOT WRITE IN THIS SPACE

City & State  
HUDSON, FL

City & State  
HUDSON FL

4. FEI Number  
051-68-2724

Applied For  
Not Applicable

Zip  
34667

Country  
USA

Zip  
34667

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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

4/2/08

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. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11.

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/2/08 (727) 243-2336