2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Secretary of State DOCUMENT # L07000005823 03-20-2008 90182 050 ***138.75 BEYOND FURNISHING, LLC Principal Place of Business Mailing Address 8373 LAKE DR. STE G107 8373 LAKE DR. STE G107 60016101 👫 MIAMI, FL 33166 MIAMI, FL 33166 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc. 03142008 Cha-LLC CR2E083 (12/06) 4. FEI Number Applied For City & State City & State 20-8252527 Not Applicable Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MIKUS, TOMAS Street Address (P.O. Box Number is Not Acceptable) 8373 LAKE DR. STE G107 MIAMI, FL 33166 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 FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to - Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. RIBERA PAMELA T Change ☐ Addition MGR TITLE TITLE ☐ Delete RIBERA, PAMELA MAME 250 NE 25 57 UNIT 102 NAME STREET ADDRESS STREET ADDRESS 8373 LAKE DR. STE G107 MIAMITE 33137 CITY-ST-ZIP MIAMI, FL 33166 CITY-ST-ZIP ☐ Delete MIKUS, TONAS Etange Addition TITLE 250 NE 25 57 UNIT. 102 MIKUS, TOMAS NAME 8373 LAKE DR. STE G107 STREET ADDRESS STREET ADDRESS MIAMY, FL 33137 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33166 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change -- - Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling 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 trus (e.g. ph)powered to execute this report as required by Chapter 608, Florida Statutes. limited liability company or the reci SIGNATURE:

SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED Mar 20, 2008 8:00 am