

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004314

1. Entity Name

INTERNATIONAL FURNITURE GROUP, L.L.C.

Principal Place of Business

9119 SOUTHERN BREEZE DRIVE
ORLANDO FL 32836

Mailing Address

9119 SOUTHERN BREEZE DRIVE
ORLANDO FL 32836

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3618825

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

B&C CORPORATE SERVICES OF CENTRAL FL INC
390 NORTH ORANGE AVE., #1100
ORLANDO FL 32801

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MADDUX, WILLIAM R JR.
STREET ADDRESS 9119 SOUTHERN BREEZE DRIVE
CITY-ST-ZIP ORLANDO FL 32836

☐ Change ☐ Addition
900003552849--7
-01/18/01--01010--019
*****50.00 *****50.00

TITLE MGR ☐ Delete
NAME WELLINGTON Y. CHIU
STREET ADDRESS 9119 SOUTHERN BREEZE DRIVE
CITY-ST-ZIP ORLANDO FL 32836

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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: WILLIAM R. MADDUX JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED 2/1/16
01 JAN 11 AM 9:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)

JAN 9, 2001 407-370-0270