

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005667

1. Entity Name
DECORA, L.L.C.

FILED

00 FEB -3 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1570 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026

Mailing Address
1570 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026-3133



DO NOT WRITE IN THIS SPACE

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

65-0956150

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

REPAK-KOCKLER, LORI A
1570 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026

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
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
REPAK-KOCKLER, LORI ANN
1570 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
800003125028774
-02/07/00--01014--017
*****50.00 *****50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
CRYSLER, MICHAEL DAVID
10014 WINDJAMMER COVE
PEMINDERVILLE OH 44202 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

LORI A REPAK KOCKLER 1/14/00

954430

CP2E083 (9/99)