

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005667**

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

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

Mailing Address
**1570 GOLFVIEW DRIVE EAST
PEMBROKE PINES FL 33026**

2. Principal Place of Business

730 W. Brandon Blvd
Suite, Apt. #, etc.

3. Mailing Address

38415 Pettibone Rd
Suite, Apt. #, etc.

City & State

Brandon FL

City & State

Solon OH

Zip

33511

Country

USA

Zip

44139

Country

USA



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name: **Maxwell, Wendy R.**
Street Address (P.O. Box Number is Not Acceptable):
730 W. Brandon Blvd
City: **Brandon** FL Zip Code: **33511**

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

Wendy R. Maxwell
Lori Repak-Kockler

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

3/12/01
2/15/01

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

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

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

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: **MGRM** ☒ Change ☐ Addition
NAME: **Kockler-Repak, Lori Ann**
STREET ADDRESS: **38415 Pettibone Rd**
CITY-ST-ZIP: **Solon OH 44139**

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

TITLE: ☐ Change ☐ Addition
NAME: **800003911498-0**
STREET ADDRESS: **03/27/01-01029-004**
CITY-ST-ZIP: *******50.00 *****50.00**

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/15/01 4409141096

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CR2E083 (11/00)