

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90592 027 ****50.00

DOCUMENT # L99000005667

1. Entity Name

DECORA, L.L.C.

Principal Place of Business

**730 W. BRANDON BLVD.
 BRANDON FL 33511**

Mailing Address

**38415 PETTIBONE ROAD
 SOLON OH 44139**

2. Principal Place of Business

3. Mailing Address

33275 Arthur Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Solon OH

Zip

Country

Zip

44139

Country

USA

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

**MAXWELL, WENDY R
 730 W. BRANDON BLVD.
 BRANDON FL 33511**

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**MGRM
 REPAK-KOCKLER, LORI ANN
 38415 PETTIBONE ROAD
 SOLON OH 44139** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Repak, Lori Ann
 33275 Arthur Rd
 Solon OH 44139** ☒ Change ☐ Addition

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Crysler, Michael David
 165 Dunbar Ct
 Aurora OH 44202** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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 REQUIRED

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

Date

Daytime Phone #

4/22/02

CR2E083 (9/01)