2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000000558

1. Entity Name

CARDINAL FURNITURE LLC

01 APR 27 PM 4:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business / Mailing Address

881 LAFAYETTE BLVD STE 309
BRIDGEPORT CT. 06604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
881 LAFAYETTE BLVD	BRIDGEPORT
Suite, Apt. #, etc. 309	Suite, Apt. #, etc. 309
City & State BRIDGEPORT CT	City & State Bridgeport CT.
Zip 06604 Country US	Zip 06604 Country US

4. FEI Number 06-1550191 ☐ 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
EDWARD C. DESMOND 801 S.E. 6th Avenue Delray Beach, FL. 33483	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 _____ DATE
Signature, typed or printed name of registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	CEO THOMAS J LAPORTA 54 EMERALD ST BRIDGEPORT CT 06610	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP EDWARD C DESMOND 1499 W. Palmetto Park Rd. BOCA RATON FL 33486	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	300004211 [illegible] -05/15/01--01103--024 *****55.00 *****55.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E083 (11/00)

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: Thomas J. LaPorta Thomas J. LaPorta 4/27/01 203-366-1330
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

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