

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90052 010 \*\*\*\*\*55.00

**DOCUMENT # M00000000558**

1. Entity Name

**CARDINAL FURNITURE, L.L.C.**



Principal Place of Business

**881 LAFAYETTE BLVD., STE 309  
BRIDGEPORT CT 06610**

Mailing Address

**881 LAFAYETTE BLVD., STE 309  
BRIDGEPORT CT 06610**

2. Principal Place of Business

**645 PINE STREET**

Suite, Apt. #, etc.

3. Mailing Address

**645 PINE ST**

Suite, Apt. #, etc.

City & State

**BRIDGEPORT CT**

City & State

**BRIDGEPORT CT**

Zip

**06605**

Country

**US**

Zip

**06605**

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

**DESMOND, EDWARD C  
801 S.E. 6TH AVENUE  
DELRAY BEACH FL 33483**

7. Name and Address of New Registered Agent

Name

**THOMAS LAPORTA**

Street Address (P.O. Box Number is Not Acceptable)

**22224 Collington Dr.**

City

**BOCA RATON**

FL

Zip Code

**33428**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

**Thomas LaPorta MANAGING MEMBER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1/20/03**

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **CEO** ☐ Delete  
NAME **LAPORTA, THOMAS J**  
STREET ADDRESS **54 EMERALD ST**  
CITY-ST-ZIP **BRIDGEPORT CT 06610**

TITLE **V** ☒ Delete  
NAME **DESMOND, EDWARD C**  
STREET ADDRESS **1499 W PALMETTO PARK RD**  
CITY-ST-ZIP **BOCA RATON FL 33486**

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 **CEO/MANAGING MEMBER** ☒ Change ☐ Addition  
NAME **THOMAS LAPORTA**  
STREET ADDRESS **22224 Collington Dr.**  
CITY-ST-ZIP **BOCA RATON FL 33428**

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

**Thomas LaPorta**

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

**1/20/03**

Date

**561-926-2722**

Daytime Phone #

CR2E083 (10/02)