## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # M02000000040 1. Entity Name



**FILED** Apr 07, 2003 8:00 am Secretary of State

DECRANE	E CABIN INTERIORS, LLC		04-07-2003 90009 020 ******50.00						
Principal Plac	ce of Business	Mailing Address			7				
2361 ROSECRANS AVE. STE. 180 EL SEGUNDO CA 90292		2361 ROSECRANS AVE., STE. 180 EL SEGUNDO CA 90292							
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2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE	IF MAKING	CHANGES		
City & State		City & State		4. FEI Number 7	5-2973	185	_ <del></del>	oplied For	
Zip	Country	Zip	Count	try	5. Certificate of S			55.00 Add	ditional
	6. Name and Address of Current	Registered Agent	1 7		7. Name and Add	fress of New R			
	· · · · · · · · · · · · · · · · · · ·			Name				<del>3</del>	
120	RPORATION SERVICE COMPANY 1 HAYS STREET			Street Address	(P.O. Box Number is I	Not Acceptable	)		
TAL	LAHASSEE FL 32301-2525		Į						
			f	City			FL	Zip Cod	e
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	red agent, or both, in	the State of Flo		miliar with,	and accept
	tions of registered agent.		Ţ	•	_				
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable (NiOT	E. Bogistored	d Agent signature require	d when reinstation)		DATE		
	Signature, typed or printed traine or registered agent			FEE IS \$50.00	d when (emstating)		DAIL		
					ent of State				}
		Make Check Payab	le to Flo		ent of State				
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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.

MINE Richard J. Kaplan SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF AGIND MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE