

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049867

**FILED**  
**Sep 08, 2004**  
**Secretary of State**

**Entity Name:** SELECT FLOORING SERVICES LLC

**Current Principal Place of Business:**

1856 SE 4TH AVE  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1856 SE 4TH AVE  
OCALA, FL 34471 US

**New Mailing Address:**

**FEI Number:** 45-6069844      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRIPP, DOUGLAS E  
1856 SE 4TH AVE  
OCALA, FL 34471 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR      ( ) Delete  
**Name:** TRIPP, DOUGLAS E  
**Address:** 1856 SE 4TH AVE  
**City-St-Zip:** Ocala, FL 34471 US

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: DOUGLAS E. TRIPP

MGR

09/08/2004

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date