

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000050097

FILED  
Apr 18, 2005  
Secretary of State

Entity Name: MIKE'S FLOOR COVERING INST. LLC

**Current Principal Place of Business:**

650 N SUMMIT AVENUE  
LAKE HELEN, FL 32744 US

**New Principal Place of Business:**

**Current Mailing Address:**

650 N SUMMIT AVENUE  
LAKE HELEN, FL 32744 US

**New Mailing Address:**

FEI Number: 20-0750558

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BACILLE, ROBERT M  
650 N SUMMIT AVE  
LAKE HELEN, FL 32744 US

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

BACILE, ROBERT M  
650 N SUMMIT AVE  
LAKE HELEN, FL 32744 US

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: ROBERT BACILE

04/18/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: BACILE, ROBERT M  
Address: 650 N SUMMIT AVE  
City-St-Zip: LAKE HELEN, FL 32744 US

Title: P ( ) Delete  
Name: BACILE, ROBERT M  
Address: 650 N. SUMMIT AVE  
City-St-Zip: LAKE HELEN, FL 32744

**ADDITIONS/CHANGES:**

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

Title: MGRM (X) Change ( ) Addition  
Name: HENDRICKS, RYAN J  
Address: 7103 WYNDHAM CREST BLVD.  
City-St-Zip: SANFORD, FL 32773 US

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: ROBERT BACILE

MGR

04/18/2005

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