

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90040 023 ****50.00



DOCUMENT # L03000051305
 1. Entity Name
HIMES FLOOR COVERING, LLC

Principal Place of Business Mailing Address
 10291 S ARABIAN AVE 10291 S ARABIAN AVE
 FLORAL CITY FL 34436 FLORAL CITY FL 34436
 US US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-0462734 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
HIMES, RICHARD C III
10291 S ARABIAN AVE
FLORAL CITY FL 34436

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HIMES, RICHARD C III 10291 S ARABIAN AVE FLORAL CITY FL 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Himes, Annette L. 10291 S. Arabian Ave. Floral City, Fla. 34436 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Richard C Himes III* 4-21-05 (352) 895-4102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

attachment /# LO 300005 /305

CERTIFICATE No. 00

RECEIVED CERTIFICATE No. _____

ISSUED TO _____

DATED December 9th, 2003

FOR _____ UNITS

NAME Richard C. Himes III
ADDRESS 10011 S. Arabian Ave.
Florida City, FL 331436

00

ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA

UNITS
100

Membership Certificate

Himes Floor Covering, LLC

A LIMITED LIABILITY COMPANY

This certifies that _____

Richard C. Himes III

is the owner

of _____

Units of the above Limited Liability Company

transferable only on the books of the Limited Liability Company by the holder hereof in person or by duly authorized attorney upon surrender of this Certificate properly endorsed, and is entitled to the full benefits and privileges of such membership subject to the duties and obligations, as more fully set forth in the Company's Articles of Organization/Operating Agreement/Regulations for this Limited Liability Company. Transfer of these Units is subject to restrictions in the books of the Limited Liability Company.

In Witness Whereof, The said Limited Liability Company has caused this Certificate to be executed

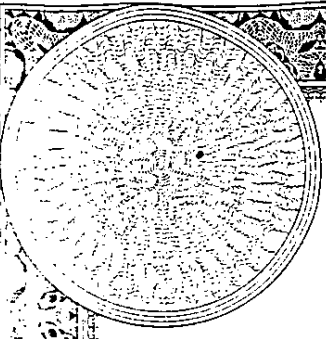
by its duly authorized Member(s)/Manager(s) and its Limited Liability Company Seal to be hereunto

affixed this 9th day of December 2003

MEMBER

MANAGER

Richard C. Himes III



CERTIFICATE No. 01

RECEIVED CERTIFICATE No.

ISSUED TO
NAME Annette Hines

DATED March 1, 2005

FOR 100 UNITS

ADDRESS 10229 S Hines
Troy, GA 30436

Attachment # 103000051305

01

ORGANIZED UNDER THE LAWS OF
THE STATE OF FLORIDA

UNITS
100

Membership Certificate

Himes Floor Covering, LLC

A LIMITED LIABILITY COMPANY

This certifies that Annette Hines
of 100 one hundred

is the owner
of the above limited liability company

transferable only on the books of the limited liability company by the holder hereof in person or by duly authorized attorney upon surrender of this Certificate properly endorsed, and is entitled to the full benefits and privileges of such membership subject to the duties and obligations, as more fully set forth in the Company's Articles of Organization/Operating Agreement/Regulations for this limited liability company. Transfer of these Units is subject to restrictions in the books of the limited liability company.

In Witness Whereof, The said limited liability company has caused this Certificate to be executed

by its duly authorized Member(s)/Manager(s) and its limited liability company, that to be hereunto
affixed this 1st day of March, 2005

Annette Hines
MEMBER

[Signature]
MANAGER

