


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Apr 27, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # L03000051305</b> 1. Entity Name <b>HIMES FLOOR COVERING, LLC</b>		
Principal Place of Business <b>10291 S ARABIAN AVE FLORAL CITY FL 34436 US</b>		Mailing Address <b>10291 S ARABIAN AVE FLORAL CITY FL 34436 US</b>
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.	3. Mailing Address  Suite, Apt. #, etc.	
City & State		City & State
Zip	Country	Zip
Country		Country



1st MOORE      CR2E083 (10/06)

4. FEI Number <b>20-0462734</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable										
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">6. Name and Address of Current Registered Agent</th> <th style="width: 50%;">7. Name and Address of New Registered Agent</th> </tr> <tr> <td style="padding: 5px; vertical-align: top;"> <b>HIMES, RICHARD C III 10291 S ARABIAN AVE FLORAL CITY FL 34436</b> </td> <td style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; text-align: right;"> <table border="1" style="display: inline-table;"> <tr> <td style="padding: 5px;"><b>FL</b></td> <td style="padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table> </td> </tr> </table>			6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	<b>HIMES, RICHARD C III 10291 S ARABIAN AVE FLORAL CITY FL 34436</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Name</td> </tr> <tr> <td style="padding: 5px;">Street Address (P.O. Box Number is Not Acceptable)</td> </tr> <tr> <td style="padding: 5px;">City</td> </tr> <tr> <td style="padding: 5px; text-align: right;"> <table border="1" style="display: inline-table;"> <tr> <td style="padding: 5px;"><b>FL</b></td> <td style="padding: 5px;">Zip Code</td> </tr> </table> </td> </tr> </table>	Name	Street Address (P.O. Box Number is Not Acceptable)	City	<table border="1" style="display: inline-table;"> <tr> <td style="padding: 5px;"><b>FL</b></td> <td style="padding: 5px;">Zip Code</td> </tr> </table>	<b>FL</b>	Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;"> <b>MGRM</b>  <b>HIMES, RICHARD C III</b>  <b>10291 S ARABIAN AVE</b>  <b>FLORAL CITY FL 34436</b> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Delete                             </td> </tr> </table>	<b>MGRM</b> <b>HIMES, RICHARD C III</b> <b>10291 S ARABIAN AVE</b> <b>FLORAL CITY FL 34436</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px; text-align: center;"> <b>000000740443</b>  <b>05/14/07-80067-010 55.00</b> </td> <td style="text-align: right; padding: 5px;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition                             </td> </tr> </table>	<b>000000740443</b> <b>05/14/07-80067-010 55.00</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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      4-25-07      352-895-4012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #