## **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

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## **DOCUMENT # L03000051305**

1. Entity Name

HIMES FLOOR COVERING, LLC



**FILED** Apr 25, 2008 08:00 AN Secretary of State

Principal Place of Business

10291 S ARABIAN AVE FLORAL CITY, FL 34436 US Mailing Address

10291 S ARABIAN AVE

FLORAL CITY, FL 34436 US



04202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-0462734 Applied For 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

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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

Signature, broad or printed name of regulared agent and trie if applicant

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

U00000923381 05/16/08-80028-012 143.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	HIMES, RICHARD C III
STREET ADDRESS	10291 S ARABIAN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
FITLE	MGRM
NAME	HIMES, ANNETTE L
STREET ADDRESS	10291 S ARABIAN AVE
CITY-ST-ZIP	FLORAL CITY, FL 34436
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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.