


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

04-14-2005 90029 023 ****55.00
L04000017751

DOCUMENT # L04000017751
1. Entity Name
BRYSON FLOORING, LLC



FILED
05 JUN -2 AM 10:55 *W006/02/05*
SECRETARY OF STATE
TALLAHASSEE, FLORIDA **20032628**

Principal Place of Business
114 BEACHCOMBER AV.
DAYTONA BEACH, FL 32118 US

Mailing Address
114 BEACHCOMBER AV.
DAYTONA BEACH, FL 32118 US



2. Principal Place of Business
114 Beachcomber Av.
Site, Apt. #, etc.
DAYTONA BEACH

3. Mailing Address
114 Beachcomber Av.
Site, Apt. #, etc.
DAYTONA BEACH

02272005 Chg-LLC CR2E083 (10/03)
4. FEI Number
571063397
Applied For
Not Applicable

City & State
FLORIDA

City & State
FLORIDA

Zip
32118 Country **US**

Zip
32118 Country **US**

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

6. Name and Address of Current Registered Agent
BRYSON, DENNIS
114 BEACHCOMBER AVE.
DAYTONA BEACH, FL 32118

7. Name and Address of New Registered Agent
Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ State **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 *Dennis Bryson* ~~041105~~ **041105**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRYSON, DENNIS 114 BEACHCOMBER AVE DAYTONA BEACH, FL 32118 <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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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: *Dennis L Bryson* **041105** 3867635588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #