


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 15, 2008 8:00 am**  
**Secretary of State**

04-15-2008 90108 001 \*\*\*143.75

DOCUMENT # L00000006516		
1. Entity Name TROPICANA HARDWOOD FLOORING, LLC		

Principal Place of Business 10429 S.E. 158TH PLACE SUMMERFIELD, FL 34491 US	Mailing Address PO BOX 295 WEIRSDALE, FL 32195 US
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50003300

2. Principal Place of Business - No P.O. Box # 10429 SE 158TH PL		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SUMMERFIELD FL		City & State	
Zip 34491	Country USA	Zip	Country



02072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 59-3651127	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent  GIVENS, JOHN T 10429 S.E. 158TH PLACE SUMMERFIELD, FL 34491	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to</b> <b>Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GIVENS, JOHN T 10429 S.E. 158TH PLACE SUMMERFIELD, FL 34491 <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 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 or empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *John T. Givens* 2- 08 279-0883  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #