

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90039 023 ****50.00

DOCUMENT # L00000006516

1. Entity Name
TROPICANA HARDWOOD FLOORING, LLC



Principal Place of Business

**10429 S.E. 158TH PLACE
HOME OFFICE
SUMMERFIELD FL 34491
US**

Mailing Address

**10429 S.E. 158TH PLACE
HOME OFFICE
SUMMERFIELD FL 34491
US**

2. Principal Place of Business

10429 S.E. 158th place

3. Mailing Address

10429 S.E. 158th pl

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Summerfield FL

City & State

Summerfield FL

Zip

34491

Country

US

Zip

34491

Country

US

4. FEI Number **59-3651127**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GIVENS, JOHN T
10429 S.E. 158TH PLACE
SUMMERFIELD FL 34491**

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **P** ☐ Delete
NAME **GIVENS, JOHN T**
STREET ADDRESS **10429 S.E. 158TH PLACE**
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

SIGNATURE REQUIRED

4-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)