2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

Mar 11, 2004 08:00 AM Secretary of State DOCUMENT # L00000016332 TILE & CARPET OF LAKE MARY AND SANFORD, LLC Principal Place of Business Mailing Address 140 W. LAKE MARY BLVD. 140 W. LAKE MARY BLVD. SANFORD FL 32771 SANFORD FL 32771 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 59-3686396 Not Applicable Zıp Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRIS, JOSEPH M Street Address (P.O. Box Number is Not Acceptable) 570 CRANES WAY #146 ALTAMONTE SPRINGS FL 32701 City 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, typod or printed name of requisiered agent and title & applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50,00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE TITLE Delete Change ☐ Addition MARKE FERRIS, JOSEPH M NAME U00000085243 STREET ADDRESS 570 CRANES WAY #146 STREET ACCORESS 03/11/04-80040-003 50.00 C3TY-ST-23P ALTAMONTE FL 32701 GITY-ST-ZIP BBF Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP FITLE ☐ Delete 73T3 F ☐ Change Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CATY - ST - ZAP THEF Delete TITS F Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CRTY-ST-ZIP 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.

3/4/04

407.302.7787

FILED