

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90007 026 \*\*\*150.00

**DOCUMENT # L01000008216**

1. Entity Name

**FLOOR FACTORY OUTLET, LLC**

Principal Place of Business

1764 TREE BLVD.  
 UNITS 3&4  
 ST. AUGUSTINE FL 32086

Mailing Address

1764 TREE BLVD.  
 UNITS 3&4  
 ST. AUGUSTINE FL 32086

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3720529

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

MARINO, THOMAS  
 1764 TREE BLVD.  
 ST. AUGUSTINE FL 32086

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.

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 Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME ☐ Delete

Pres  
 Tom Marino  
 4077 N Chinook LN  
 Ormond Beach FL 32174

TITLE NAME ☐ Delete

V.P.  
 Sal Sacchere  
 59. Carriage Creek Way  
 Ormond Beach FL 32174

TITLE NAME ☐ Delete

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10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ 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:

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

2-1402

9048298789

Date

Daytime Phone #

CR2E083 (9/01)