

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90035 014 ****55.00

DOCUMENT # L02000003793

1. Entity Name

R&A DIVERSIFIED FLOORING LLC



Principal Place of Business

**129 BUCKEYE RIDGE DR.
DAVENPORT FL 33898**

Mailing Address

**129 BUCKEYE RIDGE DR
DAVENPORT FL 33898**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

03-0390031

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
Fee Required**



1st MOORE

CR2E083 (10/04)

6. Name and Address of Current Registered Agent

**CARANI, ATTILIO JR.
129 BUCKEYE RIDGE DR
LAKE WALES FL 33898**

7. Name and Address of New Registered Agent

Name

Attilio CARANI, JR.

Street Address (P.O. Box Number is Not Acceptable)

129 Buckeye Ridge Dr.

City

DAVENPORT

FL

Zip Code

33897

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

Attilio Carani, Jr.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/14/05

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **CARANI, ATTILIO JR**
STREET ADDRESS **129 BUCKEYE RIDGE DR**
CITY-ST-ZIP **DAVENPORT FL 33898**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☐ Change ☒ Addition
NAME **RONNIE M. CLICKNER**
STREET ADDRESS **129 Buckeye Ridge Dr.**
CITY-ST-ZIP **DAVENPORT, FL 33897**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Attilio Carani, Jr.

Attilio CARANI, JR.

4/14/05

407-617-6087

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

Date

Daytime Phone #