

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

05-12-2003 90088 007 \*\*\*\*\*55.00

**DOCUMENT # L02000003793**

1. Entity Name

**R&A DIVERSIFIED FLOORING LLC**



Principal Place of Business

3323 NETHERWOOD DR.  
WINTER PARK FL 32792

Mailing Address

3323 NETHERWOOD DR.  
WINTER PARK FL 32792

*129 Buckeye Ridge Dr*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

*DAVENPORT, FL*

Suite, Apt. #, etc.

*DAVENPORT, FL*

City & State

City & State

Zip

Country

*33898 Polk*

Zip

Country

*33898 Polk*

6. Name and Address of Current Registered Agent

CARANI, ATTILIO JR.  
3323 NETHERWOOD DR.  
WINTER PARK FL 32792

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 *33898*

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

TITLE *MGRM*  
NAME *RUTH ANN CARANI* ☒ Delete  
STREET ADDRESS *3323 Netherwood Dr.*  
CITY-ST-ZIP *WINTER PARK, FL 32792*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE *MGRM*  
NAME *Attilio CARANI JR.* ☒ Change ☐ Addition  
STREET ADDRESS *129 Buckeye Ridge Dr.*  
CITY-ST-ZIP *DAVENPORT, FL 33898*

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

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

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

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

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

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

*Attilio CARANI JR.* 4/17/03 407-617-6087

Date

Daytime Phone #

CR2E083 (10/02)

0006227