05-02-2003 90586 041 ****50.00
L02000006381

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAY -2 PM 12:58

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000006381

30067210

1. Entity Name
SHAMROCK FLOORING LLC

Principal Place of Business	Mailing Address
4444 REGENCY DRIVE LAKE WORTH, FL 33461	4444 REGENCY DRIVE LAKE WORTH, FL 33461

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
6060 PINE NEEDLE LANE Suite, Apt. #, etc.	P.O. BOX 542672 Suite, Apt. #, etc.
LAKE WORTH FL City & State	LAKE WORTH FL City & State
33467 / USA Zip / Country	33454 / USA Zip / Country

4. FEI Number 74-3030751 ☐ 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
BLASKO, MARIAN 4444 REGENCY DRIVE LAKE WORTH, FL 33461	Name: MARIAN BLASKO Street Address (P.O. Box Number is Not Acceptable): 6060 PINE NEEDLE LANE City: LAKE WORTH FL Zip Code: 33467

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: MARIAN BLASKO 4/30/03
Signature, typed or printed name of individual signing and title if applicable. NOTE: Required. Digital signatures accepted unless notarizing. DATE

FILING FEE NOW WILL BE $350.00
Make Check Payable to: Florida Department of State
Due by May 1, 2003

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER MARIAN BLASKO 6060 PINE NEEDLE LANE LAKE WORTH, FL 33467	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change ☐ Addition dcs

CR2E083 (10/02)

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: MARIAN BLASKO 4/30/03 5616681010
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #