

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90229 024 \*\*\*\*50.00

**DOCUMENT # L02000027511**

1. Entity Name

**FLOORING DYNAMICS, LLC**



Principal Place of Business

**1249 WHISPERING WINDS COURT  
APOPKA FL 32703**

Mailing Address

**1249 WHISPERING WINDS COURT  
APOPKA FL 32703**

2. Principal Place of Business

**1249 Whispering Winds Ct.**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

**NA**

Suite, Apt. #, etc.

**NA**

City & State

**APOPKA, FLORIDA**

City & State

**SAME**

Zip

**32703**

Country

**ORANGE**

Zip

**SAME**

Country

4. FEI Number

**47-0895924**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI FL 33145**

7. Name and Address of New Registered Agent

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. 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 **MGR** ☐ Delete  
NAME **LEVERETTE, KENNETH D**  
STREET ADDRESS **1249 WHISPERING WINDS COURT**  
CITY-ST-ZIP **APOPKA FL 32703**

TITLE **MGR** ☐ Delete  
NAME **EDDINS, RICKY**  
STREET ADDRESS **1249 WHISPERING WINDS COURT**  
CITY-ST-ZIP **APOPKA FL 32703**

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

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

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

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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

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

Date

Daytime Phone #

**April 21, 2003 (321) 277-5605**

CR2E083 (10/02)

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