2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028107

Entity Name

THE SOUTH'S FINEST FLOORING, LLC



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90123 028 ****50.00

Principal Plac	ce of Business	Mailing Address							
1835 S.E. HIDEAWAY CIRCLE PORT ST. LUCIE FL 34952		1835 S.E. HIDEAWAY CIRCLE PORT ST. LUCIE FL 34952							
2. Principal Place of Business		3. Mailing Address						AN (BIB) NON DA	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Nun	54-2090	1143		oplied For ot Applicable
Zip	Country	Zip	Country			ate of Status Desired	F	\$5.00 Add	
•	6. Name and Address of Current i	Registered Agent —	-~	Name	7. Name a	nd Address of New	Registered A	gent-	
MUHLEISEN, JOSEPH R				Street Address (P.O. Box Number is Not Acceptable)					
	5 S.E. HIDEAWAY CIRCLE RT ST. LUCIE FL 34952		Street Add		E (P.O. Box Num	nder is ivot Acceptad	. -		
				·					
				City			FL	Zip Cod	е
	named entity submits this statement for	the purpose of changing its	registered	office or regist	ered agent, or t	ooth, in the State of F	lorida. I am fa	amiliar with,	and accept
the obligat	ions of registered agent.								1
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTI	E: Registered A	igent signature requir	red when reinstating)		DATE		
		FILE NO Make Check Payabl		E IS \$50.00					!
			e By May	•	0,11 01 01210				
9.	MANAGING MEMBE	/MANAGERS 10.			ADDITIONS/CHANGES				
TITLE	MGR	☐ Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS	MUHLEISEN, JOSEPH R 1835 S.E. HIDEAWAY CIRCLE		NAME STREET	ADDRESS					
CITY-ST-ZIP	PORT ST. LUCIE FL 34957		CITY-S	II					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	II					
TITLE	المحالية الم	Delete	TITLE					☐ Change	☐ Addition
NAME STREET ADDRESS			NAME Street	ADDRESS					l
CITY-ST-ZIP			CITY-S						
TITLE .		☐ Delete	TITLE		····			☐ Change	☐ Addition
NAME			NAME	*DDDECC					
STREET ADDRESS CITY-ST-ZIP			CITY-S	ADDRESS T-ZIP					
TITLE		Delete	TITLE			·		☐ Change	☐ Addition
NAME			NAME	*DDGECC					
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-ZIP					,
TITLE		□ Delete	TITLE	_	·	· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME		; ·	NAME						- }
STREET ADDRESS CITY-ST-ZIP		,	STREET CITY-ST	ADDRESS r-7ip		·			}
On Front All	1		- VIII - 31						1

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:

ALGORINALIZA REQUIRED

4/16/03

772-337-0574