

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90031 014 ****50.00

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1. Entity Name
GREATER INTERIORS, LLC



Principal Place of Business
**1105 KENSINGTON PARK DR.
ALTAMONTE SPRINGS, FL 32714**

Mailing Address
**1105 KENSINGTON PARK DR.
ALTAMONTE SPRINGS, FL 32714**



02232005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1107583

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required.**

6. Name and Address of Current Registered Agent

**BECKETT, WILLIAM A
215 N. EOLA DR.
ORLANDO, FL 32801**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	GREGG, CHARLES W
STREET ADDRESS	1105 KENSINGTON PARK DR.
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	MGR
NAME	Simon O Snyder
STREET ADDRESS	1105 Kensington Park Dr.
CITY-ST-ZIP	Altamonte Springs, FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/21/05 **407 869 0300**
Date Daytime Phone #