


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 13, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90003 020 \*\*\*\*50.00

**DOCUMENT # L03000042525**

1. Entity Name  
**JOEL KING WOOD FLOORS, LLC**



**34009889**

Principal Place of Business 3133 MYRTLE STREET SARASOTA, FL 34234		Mailing Address 3133 MYRTLE STREET SARASOTA, FL 34234	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



07212004 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>20-0359977</b>	Applied For Not Applicable
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8. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent <b>KING, JOEL 3133 MYRTLE STREET SARASOTA, FL 34234</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$50.00 Due by September 8, 2004</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<b>MANAGER MEMBER JOEL KING 3133 MYRTLE STREET SARASOTA, FL 34234</b>	
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> 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:** Joel King **Joel King, Managing Member** 7-21-04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Attachment

34609889



JAMES C. GOAR  
JAMES W. ENDRISS  
KATHLEEN R. WALKER

GOAR, ENDRISS & WALKER, P.A.  
CERTIFIED PUBLIC ACCOUNTANTS

July 21, 2004

Florida Department of State  
Division of Corporations  
P. O. Box 6478  
Tallahassee, Florida 32314

Re: Joel King Wood Floors, LLC  
Document # L03000042525

Dear Sir or Madam:

Our client received your notice dated May 10, 2004 (copy enclosed) requesting a revised Annual Report to be filed. Enclosed is the annual report listing Joel King as managing member. He has previously submitted a check for \$50.00.

Please advise him that the Annual Report has been received and no further action is necessary.

Very truly yours,

GOAR, ENDRISS & WALKER, P.A.

Linda Patterson

LP/mjc  
Enclosures

cc: Joel King