2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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1. Entity Nam	MENT # L030000	J44230			04 JUL - SECRETAR LLAHASSE	"LEP		
BILL'S FL	OOR COVERING LLC				" JU .		y	
		•	6.4		SECRETAR LLAHASSE	6 AM		
Origonal Diag	on of Rusinosa	Mailing Address			14/A/A/AA	Y 0-	05	
Principal Plac 118 MARTY	Mailing Address 118 MARTY ST	RTY ST			E. STATI	~		
QUINCY, FL		QUINCY, FL 32351		1 /		PLORID	A	
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2. Principal P	Place of Business	3. Mailing Address	- () ,	// 				
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Suite, Apt.	#, etc.	Suite, Apt. #, etc.			07062004	Chg-LLC	CR2E083 (10/03)	
City & Stat	& State City & State			4. FEI N				pplied For
							N	ot Applicable
Zip	Country Zip C		Country	ountry 5. Certifica		te of Status Desired		
	6. Name and Address of Cu	urrent Registered Agent	<u> </u>		7. Name and A	ddress of New	Registered Agent	
	, <u> </u>		Na	ıme				
PENNY, B 118 MART			Street Address		P.O. Box Number	is Not Acceptab	ole)	
QUINCY,							<u> </u>	
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	<u>.</u>		Cit	у			FL Zip Coo	le
		nent for the purpose of changing its	s registered of	ice or register	red agent, or both			and accept
the obligat	tions of registered agent.						i to ¥is	
SIGNATURE	Signature, typed or printed name of registere	id agent and title it applicable. (NOT	E: Registered Agen	t signature required	d when reinstating)		DATE	
Fil	ling Fee is \$50.00		•				ke check payable to	
Due i	by September 8, 2004					Fioric	da Department of Stat	: e
9.	MANAGING M	IEMBERS/MANAGERS	10.			ADDITIONS	S/CHANGES	
TITLE	MGRM /	Defete	TITLE	Ì			☐ Change	Addition
NAME STREET ADDRESS	PENNY, BILL 118 MARTY ST		NAME Street add	PRESS				
CITY-ST-ZIP	QUINCY, FL 32351		CITY-ST-ZI	1.				
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NAME	6 2		NAME					
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CITY-ST-ZIP		Delete .	CITY-ST-ZI	<u> </u>			☐ Change	Addition
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STREET ADDRESS	į.		STREET ADE	11/	5U /			•
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TITLE NAMÉ	# f	☐ Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADMRESS	ij		STREET ADO	DRESS		•		
CITY-ST-ZÎP	d	<u> </u>	CITY-ST-ZI	Р				
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NAME STREET ADDRESS	, i		NAME Street add	NRESS .				
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY-ST-ZI					
11. I hereby	certify that the information supplie	ed with this filing does not qualify for	or the exemption	on stated in Se	ection 119.07(3)(i)	Florida Statutes	s. I further certify that the	information
Indicated limited lia	on this report is true and accura ability company or the receiver or	te and that my signature shall have trustee empowered to execute this	ne same leg: report as req	ai effect as if r uired by Chap	made under oath; oter 608, Florida St	mat i am a man atutes.	aging member or manag	er of the
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SIGNAT	TURE: Aslil	Lion, I Le	my	-	 -	5914	6,200	4