

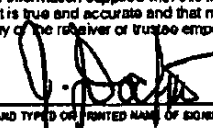
2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

02-16-2005 90161 024 ****55.00
08-04-2005 90079 038 ****55.00

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FILED L03000045190
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 NOV 10 AM 11:10

DOCUMENT # L03000045190					
1. Entity Name DOCKREE FLOORING, LLC					
Principal Place of Business 6125 ST. IVES BLVD. ORLANDO FL 32819			Mailing Address 6125 ST. IVES BLVD. ORLANDO FL 32819		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1217784	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent DOCKREE, JOHN 6125 ST. IVES BLVD. ORLANDO FL 32819			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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM DOCKREE, JOHN 6125 ST. IVES BLVD. ORLANDO FL 32819 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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REINSTATEMENT 2005 11/10/108					
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:  7/30/05 (40) 5794518					
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					