2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000045307

1. Entity Name
SPARKS FLOOR FINISHING, L.L.C.

Principal Place of Business	Mailing Address
4009 CHIPOLA ST TALLAHASSEE, FL 32303	4009 CHIPOLA ST TALLAHASSEE, FL 32303

DO NOT WRITE IN THIS SPACE

07012005No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
20-0405221	Not Applicable

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

6. Name and Address of Current Registered Agent
RICHARD A GLOVER CPA, P.A. 1809 MICCOSUKEE COMMONS DR SUITE 108 TALLAHASSEE, FL 32308

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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_____

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

Filing Fee is $50.00
Due by September 7, 2005

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SPARKS, DANIEL C
STREET ADDRESS	4009 CHIPOLA ST
CITY-ST-ZIP	TALLAHASSEE, FL 32303

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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08/05/05-80009-012 50.00

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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: _Daniel Sparks_   8-4-05   264-6622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #