

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90138 005 ****50.00

DOCUMENT # **L03000045579**

1. Entity Name **Randys Floor covering LLC**



DO NOT WRITE IN THIS SPACE

24063896

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

469 Sara ave

Suite, Apt. #, etc.

3. Mailing Address

469 Sara ave

Suite, Apt. #, etc.

City & State

Mary Esther FL

Zip
32569

Country
USA

City & State

Mary Esther FL

Zip
32569

Country
USA

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **Janet Gentry**

Street Address (P.O. Box Number is Not Acceptable)

16 Perry RD 32.

City **FT Walton Bch**

FL

Zip Code
32548

**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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	mgrm Randy Sowell 469 Sara ave Mary Esther FL 32569
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CR2E083B (12/02)

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: **Randy Sowell**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-04 (850) 581-2524

Date

Daytime Phone #