

2004 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L03000046371

1. Entity Name
MAISE FLOORING, LLC



FILED

04 JUN 11 PM 2:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1810 LAKE ARIANA BLVD.
AUBURNDALE, FL 33823 US

Mailing Address
1810 LAKE ARIANA BLVD.
AUBURNDALE, FL 33823 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06072004 Chg-LLC CR2E083 (10/03)

4. FEI Number
38-3694587

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAISE, RICHARD L
1810 LAKE ARIANA BLVD.
AUBURNDALE, FL 33823

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MAISE, RICHARD L
STREET ADDRESS 1810 LAKE ARIANA BLVD.
CITY-ST-ZIP AUBURNDALE, FL 33823

TITLE MGR ☐ Change ☒ Addition
NAME Rae Maise
STREET ADDRESS 1810 Lake Ariana Blvd
CITY-ST-ZIP Auburndale, FL 33823

TITLE MGR ☐ Delete
NAME MAISE, STACY A
STREET ADDRESS 238 24TH STREET
CITY-ST-ZIP WINTER HAVEN, FL 33880

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 700038052007
CITY-ST-ZIP 06/18/04--01006--003 **50.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

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

Date

Daytime Phone #