


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 06, 2004 8:00 am
Secretary of State

04-21-2004 90457 021 ****55.00

DOCUMENT # L03000047176	
1. Entity Name BURAK FLOORING INSTALLATION, LLC	

Principal Place of Business 350 LAKEWOOD DR. #38 BRANDON, FL 33510 US	Mailing Address 350 LAKEWOOD DR. #38 BRANDON, FL 33510 US
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2. Principal Place of Business 5125 Palm Springs Blvd Suite, Apt. #, etc. #11204 City & State Tampa FL Zip 33647 Country USA	3. Mailing Address 5125 Palm Springs Blvd Suite, Apt. #, etc. #11204 City & State Tampa FL Zip 33647 Country USA
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04292004 Chg-LLC CR2E083 (10/03)

4. PEI Number 05-0592331	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☒ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent ERDOGAN, MENDERES 2409 BUCKINGHAM ST. LAKELAND, FL 33803
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7. Name and Address of New Registered Agent Name E 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 re-registering) DATE

Filing Fee is \$50.00 Due by May 1, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ERDOGAN, MENDERES 350 LAKEWOOD DR. #38 BRANDON, FL 33510 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Menderes Erdogan** 5-1-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #