

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90186 004 ****50.00

DOCUMENT # L03000047214

1. Entity Name

ED FAIR FLOORING INSTALLATIONS, LLC



Principal Place of Business

1426 W 7TH ST
ORANGE CITY FL 32763
US

Mailing Address

1426 W 7TH ST
ORANGE CITY FL 32763
US

2. Principal Place of Business

1426 W 7TH ST

3. Mailing Address

1426 W 7TH ST

Suite, Apt. #, etc.

HOUSE

Suite, Apt. #, etc.

HOUSE

City & State

ORANGE CITY FLA

City & State

ORANGE CITY FLA

Zip

32763

Country

USA

Zip

32763

Country

USA

4. FEI Number

32-0099907

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

FAIR, EDWARD A
1426 W 7TH ST
ORANGE CITY FL 32763

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
FAIR, EDWARD A
1426 W 7TH ST
ORANGE CITY FL 32763

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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:

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

Date

Daytime Phone #

Edward A. Fair

Jan 26 - 04

904-219-0764