

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90327 016 ***138.75

DOCUMENT # L03000047214

1. Entity Name
ED FAIR FLOORING INSTALLATIONS, LLC



Principal Place of Business

2493 SR. 207
LOT #17
ST. AUGUSTINE, FL 32086 US

Mailing Address

2493 SR 207
LOT #17
ST. AUGUSTINE, FL 32086 US

60026602



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
32-0099907

Applied For
Not Applicable

Zip

Country

Zip

Country

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

FAIR, EDWARD A
2493 SR. 207
LOT #17
ST. AUGUSTINE, FL, FL 32086

Name

FAIR, EDWARD A

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

7401 N. HUNTLEY AVE.

City TAMPA

FL

Zip Code 33604

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 \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME FAIR, EDWARD A
STREET ADDRESS 2493 SR. #207 LOT 17
CITY-ST-ZIP ST. AUGUSTINE, FL 32086 ☒ Delete

TITLE MGR
NAME FAIR EDWARD A
STREET ADDRESS 7401 N HUNTLEY AVE
CITY-ST-ZIP TAMPA FLA 32086 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Edward A. Fair

Mon 31-08 904.219.0764

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

Date

Daytime Phone #