


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/ **FILED**
Apr 21, 2005 8:00 am
Secretary of State
 04-08-2005 90277 034 ****50.00

DOCUMENT # L03000047574

1. Entity Name
A AND S FLOORING LLC



Principal Place of Business Mailing Address
 2216 BERKSHIRE DR. 2216 BERKSHIRE DR.
 TALLAHASSEE, FL 32304 TALLAHASSEE, FL 32304

30004160



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

03262005 Chg-LLC CR2E083 (10/03)

City & State City & State

4. FEI Number Applied For
 14-1900381 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

ESTES, STEPHEN
 2216 BERKSHIRE DR.
 TALLAHASSEE, FL 32304

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 *X Stephen Estes Stephen Estes* DATE *X 7 April 2005*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
Due by May 1, 2005

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	MGRM						
	ESTES, STEPHEN	2216 BERKSHIRE DR.	TALLAHASSEE, FL 32304				
	MGRM						
	ESTES, AL	PO BOX 131	WACISSA, FL 32361				

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: *X AL ESTES JR* DATE *X 4/7/05* DAYTIME PHONE # *X 850 870 6523*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #