


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

FILED  
 St. Jun 28, 2006 8:00 am  
 Secretary of State

05-08-2006 90039 028 \*\*\*\*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

**DO NOT WRITE IN THIS SPACE**

30011000



04162006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 14-1900381	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent  
 ESTES, STEPHEN  
 2216 BERKSHIRE DR.  
 TALLAHASSEE, FL 32304

**DO NOT WRITE  
IN THIS SPACE**

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 *Stephen Estes*      DATE 22 Jun 06

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when re-registering)      DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

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

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IN THIS SPACE**

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: *Stephen Estes*      Date 22 Jun 06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #