

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047626

FILED
Sep 08, 2004
Secretary of State

Entity Name: NORMAN STALVEY FLOORCOVERING LLC

Current Principal Place of Business:

1231 REHWINKEL RD
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 1148
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STALVEY, NORMAN
1231 REHWINKEL RD
CRAWFORDVILLE, FL 32327

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: STALVEY, NORMAN
Address: PO BOX 1148
City-St-Zip: CRAWFORDVILLE, FL 32326

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: NORMAN STALVEY

MGRM

09/08/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date