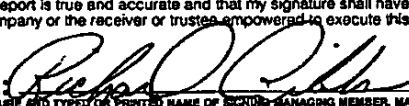


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 09, 2005 8:00 am
Secretary of State

03-04-2005 90017 024 ****50.00
02-07-2005 90286 015 ****50.00

DOCUMENT # L03000048154 1. Entity Name RICHARD GIBBS, LLC					
Principal Place of Business 3215 MOSS ROAD BONIFAY, FL 32425			Mailing Address 3215 MOSS ROAD BONIFAY, FL 32425		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01112005 Chg-LLC CR2E083 (10/03)			4. FEI Number 265864604		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For ☒ Not Applicable		
6. Name and Address of Current Registered Agent GIBBS, RICHARD 3215 MOSS ROAD BONIFAY, FL 32425			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 _____ DATE _____ 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	MGR GIBBS, RICHARD 3215 MOSS ROAD BONIFAY, FL 32425		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS 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 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:  DATE _____ DAYTIME PHONE # _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

30001162



ATTACHMENT

30001162

L03 000048154

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

** RE-ISSUANCE OF CONSTRUCTION INDUSTRY CERTIFICATE OF EXEMPTION **

This certificate exempts the Officer of the Corporation listed below from the provision of Florida Workers' Compensation Law for the period indicated below.

EFFECTIVE DATE: 01/01/2004
EXPIRATION DATE: 03/08/2006

CORPORATE OFFICER/
LLC MEMBER NAME: GIBBS
FEIN: 705864604

BUSINESS NAME AND ADDRESS: RICHARD GIBBS LLC
3215 MOSS ROAD
BONIFAY FL 32425

SCOPE OF BUSINESS OR TRADE: FLOORING

RE-ISSUANCE

STATE OF FLORIDA
DEPARTMENT OF FINANCIAL SERVICES
DIVISION OF WORKERS' COMPENSATION

CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA
WORKERS' COMPENSATION LAW

EFFECTIVE DATE: 01/01/2004
EXPIRATION DATE: 03/08/2006

PERSON: GIBBS
BUSINESS NAME: RICHARD GIBBS LLC
FEIN: 705864604
AND ADDRESS: 3215 MOSS ROAD
BONIFAY FL 32425

SCOPE OF BUSINESS OR TRADE: FLOORING

RE-ISSUANCE