2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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DOCUMENT # L03000048154

1. Entity Name
RICHARD GIBBS, LLC

Principal Place of Business	Mailing Address
3215 MOSS ROAD BONIFAY, FL 32425	3215 MOSS ROAD BONIFAY, FL 32425

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01112005 Chg-LLC CR2E083 (10/03)

4. FEI Number 265864604 — Applied For / ☑ Not Applicable

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
GIBBS, RICHARD 3215 MOSS ROAD BONIFAY, FL 32425	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ 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
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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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

ATTACHMENT

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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: 03/08/2004
CORPORATE OFFICER/
LLC MEMBER NAME: GIBBS FLOYD
FEIN: 265864604

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

SCOPE OF BUSINESS OR TRADE: FLOORING

RE-ISSUANCE

SCOPE OF BUSINESS OR TRADE: FLOORING
BONIFAY FL 32425
BUSINESS NAME AND ADDRESS: RICHARD GIBBS LLC 3215 MOSS ROAD
FEIN: 265864604
PERSON: GIBBS FLOYD
** EXPIRATION DATE: 03/08/2004
EFFECTIVE: 03/08/2004
CONSTRUCTION INDUSTRY
CERTIFICATE OF EXEMPTION FROM FLORIDA WORKERS' COMPENSATION LAW
DIVISION OF WORKERS' COMPENSATION
DEPARTMENT OF FINANCIAL SERVICES
STATE OF FLORIDA
RE-ISSUANCE