

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90080 017 ***138.75

DOCUMENT # L03000049507

1. Entity Name

SIMMONS SOLID SURFACE LLC



Principal Place of Business

3428 BARTEE RD
SEBRING FL 33870

Mailing Address

3514 DOLPHIN DR
SEBRING FL 33870



2. Principal Place of Business - No P.O. Box #
3428 Barte RD

3. Mailing Address
3514 Dolphin Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/07)

City & State
Sebring FL

City & State
Sebring, FL

4. FEI Number 41-2116963

Applied For
Not Applicable

Zip Country
33875 Highlands

Zip Country
33870 Highlands

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

SIMMONS, DENNIS W
3514 DOLPHIN DR
SEBRING FL 33870

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 (Applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME SIMMONS, DENNIS W
STREET ADDRESS 3514 DOLPHIN DR
CITY- ST- ZIP SEBRING FL 33870

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CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Signature Phone #

Dennis W. Simmons

4/24/08 863-381-3965