## 2006 LIMITED LIABILITY COMPANY

**ANNUAL REPORT** 

Mar 17, 2006 08:00 AM Secretary of State DOCUMENT # L03000050508 GLENN HEALY FLOORING, LLC. Principal Place of Business Malling Address 5485 SE 28TH STREET 5485 SE 28TH STREET OCALA, FL 34471 OCALA, FL 34471 02032008 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 52-2437753 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent HEALY, GLENN P DO NOT WRITE 5485 SE 28TH STREET OCALA, FL 34471 IN THIS SPACE 5. 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 it applicable (NOTE: Registered Agent signature required when reinstaling) DATE Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. TITLE MAME HEALY, GLENN P STREET ADDRESS 5485 SE 28TH STREET CITY-ST-ZIP OCALA, FL 34471 NAME STREET ADDRESS #00000471689 03/29/06-80006-021 50.00 CITY-ST-71P TITLE NAME STREET ADDRESS DO NOT WRITE City-st-zip TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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.

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

signature and typed or printed name of signing managing member, or authorized representative

**FILED**