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

DOCUMENT # L03000051730

1. Entity Name

DENNIS' FLOOR COVERING, LLC



FILED Mar 24, 2008 08:00 A Secretary of State

Principal Place of Business 5921 SE 68TH ST SUITE #102 OCALA FL 34472		Mailing Address			
		5921 SE 68TH CT SUITE 102 OCALA FL 34472			
2. Principa: Place of Business - No P.O. Box #		# 3. Mailing Address		- 103(10): Sel 25(00 (1))) BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(BB(
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1st MOORE CR2E083 (10/07)	
City & State		City & State		4. FEI Number 20-0476785 Applied For No: Applied For	
Zip	Country	Zip	Couritry	Certificate of Status Desired \$5.00 Additional Fee Required	
	6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent	
			Name		
ROELL, DENNIS C 10820 SE 64TH AVE			Street Ad	Street Address (P.O. Box Number is Not Acceptable)	
BEL	LEVIEW FL 34420				
			Crty	FL Zip Code	
	named entity submits this stater tions of registered agent.	ment for the purpose of changing (ts registered office or r	registered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Eignalium Aspect or primed hair a of register	ed agont e to a Bald applicately (NC	OTE: Registered Auent's gnature	cicaired wildnichetalog) DATE	
		After May 1	OW!!! FEE IS \$13 , 2008, Fee Will Be ble to Florida Depa	e \$538.75	
9. MANAGING MEMBERS/MANAGERS 10.			10.	ADDITIONS/CHANGES	
TITLE	MGRM	☐ Dalete	TITLE	Change Addition	
NAME	ROELL, DENNIS C		NAME		
STREET ADDRESS	5921 SE 68TH ST SUITE 102	2	STREET ACCRESS		
CITY-ST-ZIP	OCALA FL 34472		CITY-ST-ZIP	<u> </u>	
TITLE		☐ Delete	TITLE	04/08/08-80058-0 2 Chage. 75 Addition	
NAME			NAME	o., oo, oo oooo da 1230, ja	
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY-ST-Z:P		
THE		☐ Delete	ша	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ACORESS	<i>,</i> .	
CITY-ST-ZIP			CHY-ST-Z:P		
TOTLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-SI-Z:P		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		C Delate	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS		
LOTANIA/IP	i e		CITY-ST-ZIP		

11. Theraby certify that the information supplied with this filing does not quality for the exemptions contained in Section 119, Florida Statutes. 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 path, that Farn 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.