


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Aug 22, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000052426 1. Entity Name WILLIAMS FLOOR COVERING, LLC	
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Principal Place of Business 193 NATURAL BRIDGE ROAD DEFUNIAK SPRINGS, FL 32433	Mailing Address 193 NATURAL BRIDGE ROAD DEFUNIAK SPRINGS, FL 32433
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DO NOT WRITE IN THIS SPACE



08182005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0712909	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent PITELL, LISA Y 4 ELEVENTH AVENUE, SUITE ONE SHALIMAR, FL 32579

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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 restateating) DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIAMS, MATTHEW D 193 NATURAL BRIDGE ROAD DEFUNIAK SPRINGS, FL 32433
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08/22/05-80007-012 50.00

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: Matthew S. Williams **8/19/05 850 951-3662**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #