


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90029 002 \*\*\*\*50.00

<b>DOCUMENT # L03000052488</b>	
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<b>1. Entity Name</b> STRICKLAND'S FLOORING, LLC	<b>Principal Place of Business</b> 3229 NW SUWANNEE VALLEY ROAD LAKE CITY FL 32055 US	<b>Mailing Address</b> 3229 NW SUWANNEE VALLEY ROAD LAKE CITY FL 32055 US
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<b>2. Principal Place of Business</b> 3229 NW SUW VAL RD LAKE CITY, FLA Suite, Apt. #, etc.	<b>3. Mailing Address</b> 3229 NW SUW VAL ROAD Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/04)

<b>City &amp; State</b> LAKE CITY, FLA	<b>City &amp; State</b> LAKE CITY, FLA
<b>Zip</b> 32055	<b>Country</b> USA

<b>4. FEI Number</b> 20-0492358	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> STRICKLAND, SHARON L 3229 NW SUWANNEE VALLEY ROAD LAKE CITY, FLORIDA FL 32055 <b>STILL IN EFFECT</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) <b>DNA</b> City <b>FL</b> Zip Code
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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 reinstating) DATE

<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2005</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS/CHANGES	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> STICKLAND, DENNIS ROUTE 20, BOX 490 LAKE CITY FL 32055 <input checked="" type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> STRICKLAND, DENNIS 217 SW Poeschel Dr. Lake City, FLA 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> STRICKLAND, MICKEY L 3229 NW SUWANNEE VALLEY ROAD LAKE CITY FL 32055 <input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** Sharon L. Strickland 4/29/05 (386) 397-1437  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #