

FILED
Feb 25, 2004 8:00 am
Secretary of State

24014312




MOORE CR2E083 (11/03)

DOCUMENT # L03000052672

1. Entity Name

DAVID L. PFISTER FLOORING, LLC



Secretary of State

02-25-2004 90283 039 ****50.00

Principal Place of Business

3470 LAKEVIEW DRIVE
NAPLES FL 34112
US

Mailing Address

3470 LAKEVIEW DRIVE
NAPLES FL 34112
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

134270011


Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

24014312



MOORE CR2E083 (11/03)

6. Name and Address of Current Registered Agent

PFISTER, DAVID L
3470 LAKEVIEW DRIVE
NAPLES FL 34112

7. Name and Address of New Registered Agent

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 if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE

MGRM

NAME

PFISTER, DAVID L

STREET ADDRESS

3470 LAKEVIEW DRIVE

CITY-ST-ZIP

NAPLES FL 34112

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Delete

10. ADDITIONS/CHANGES

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

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: David L. Pfister

2/20/04

239-732-9561

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

Date

Daytime Phone #