2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # L03000052995 1. Entity Name 04-29-2004 90082 023 ****50.00 ROY KEARNS FLOORING, LLC Principal Place of Business Mailing Address 6135 SEABREEZE DRIVE PORT RICHEY FL 34668 6135 SEABREEZE DRIVE 24060028 PORT RICHEY FL 34668 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For 20-0431237 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEARNS, ROYS Street Address (P.O. Box Number is Not Acceptable) 6135 SEABREEZE DRIVE PORT RICHEY FL-34668 City Zip Code FL 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, 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 ADDITIONS/CHANGES **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition KEARNS, ROY NAME NAME STREET ADDRESS 6135 SEABREEZE DRIVE STREET ADDRESS CITY-ST-ZiP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE **MGRM** ☐ Delete TITLE ☐ Change Addition NAME KEARNS, DENISE NAME STREET ADDRESS STREET ADDRESS 6135 SEABREEZE DRIVE CITY-ST-ZIP PORT RICHEY FL 34668 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED

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