

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 10, 2004 8:00 am**  
**Secretary of State**

08-10-2004 90051 038 \*\*\*\*50.00

**DOCUMENT # L03000053651**

1. Entity Name

THOMAS E. GRAY FLOORING, LLC



Principal Place of Business

5390 LANNIE ROAD  
JACKSONVILLE FL 32218  
US

Mailing Address

5390 LANNIE ROAD  
JACKSONVILLE FL 32218  
US

2. Principal Place of Business

5390 LANNIE RD  
Suite, Apt. #, etc.

3. Mailing Address

5390 LANNIE RD  
Suite, Apt. #, etc.



MOORE

CR2E083 (4/04)

City & State

JAX. FLA.  
32218

City & State

JAX. FLA.  
32218

4. FEI Number

061715033

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GRAY, THOMAS E  
5390 LANNIE ROAD  
JACKSONVILLE FL 32218

7. Name and Address of New Registered Agent

Name: THOMAS E. GRAY  
Street Address (P.O. Box Number is Not Acceptable):  
5390 LANNIE RD.  
City: JAX. FL Zip Code: 32218

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

*Thomas E. Gray*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-8-04

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS / MANAGERS

TITLE: MGRM  
NAME: GRAY, THOMAS E  
STREET ADDRESS: 5390 LANNIE ROAD  
CITY-ST-ZIP: JACKSONVILLE FL 32218

10. ADDITIONS / CHANGES

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Delete

TITLE:   
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:   
☐ Change ☐ Addition

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☐ 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: THOMAS E GRAY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-8-04 904 545-8139  
Date Daytime Phone #