

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Aug 16, 2006 8:00 am
Secretary of State

08-16-2006 90078 020 ****50.00

DOCUMENT # L03000053823



1. Entity Name

VOLUSIA COUNTY FLOORING SPECIALISTS, LLC.

Principal Place of Business

4125 SALINA LN
ORMOND BEACH FL 32174
US

Mailing Address

4125 SALINA LN
ORMOND BEACH FL 32174
US



2. Principal Place of Business

1276 Ocean Shore Blvd

Suite, Apt. #, etc.

3. Mailing Address

1276 Ocean Shore Blvd

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

Ormond Beach, FL

Zip

32176

Country

USA

City & State

Ormond Beach, FL

Zip

32176

Country

USA

4. FEI Number

20-0487693)

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOWIE, IRVIN S
4125 SALINA LANE
ORMOND FL 32174

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]

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 September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BOWIE, IRVIN S	
STREET ADDRESS	4125 SALINA LANE	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BOWIE, IRVIN F	
STREET ADDRESS	1212 KILLARNEY DRIVE	
CITY - ST - ZIP	ORMOND BEACH FL 32174	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	Thomas R. Smallwood	
STREET ADDRESS	4117 Salina Lane	
CITY - ST - ZIP	Ormond Beach, FL 32174	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

[Signature]

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

Date

Daytime Phone #