

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90033 015 ****50.00

DOCUMENT # L03000054087

1. Entity Name

DAVID E ENGLISH FLOORING LLC



Principal Place of Business

14006 ENGLISH GARDEN LANE
TALLAHASSEE FL 32309

Mailing Address

14006 ENGLISH GARDEN LANE
TALLAHASSEE FL 32309

2. Principal Place of Business

14006 ENGLISH GARDEN LN

3. Mailing Address

14006 ENGLISH GARDEN LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TALL FL

City & State

City & State

TALL FL

Zip

Zip

32309

Country

LEON

Country

LEON

4. FEI Number

592918887

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGLISH, DAVID E
14006 ENGLISH GARDEN LANE
TALLAHASSEE FL 32309

7. Name and Address of New Registered Agent

Name

DAVID E ENGLISH

Street Address (P.O. Box Number is Not Acceptable)

14006 ENGLISH GARDEN LN

City

TALL

FL

Zip Code

32309

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 MGR
NAME ENGLISH, DAVID E
STREET ADDRESS 14006 ENGLISH GARDEN LANE
CITY-ST-ZIP TALLAHASSEE FL 32309

☐ Delete

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

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

Date

Daytime Phone #