

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90057 022 ****50.00

DOCUMENT # L03000054130

1. Entity Name

ROD CARDEN WALLCOVERING LLC



Principal Place of Business

5500 HOLOPAW RD
ST CLOUD FL 34773

Mailing Address

5500 HOLOPAW RD
ST CLOUD FL 34773

2. Principal Place of Business

Mobile
Suite, Apt. #, etc.

3. Mailing Address

5500 Holopaw Rd.
Suite, Apt. #, etc.

City & State

St Cloud FL

City & State

St Cloud FL

Zip

34773

Country

America

Zip

34773

Country

America

4. FEI Number

200491386

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required



MOORE

CR2E083 (11/03)

6. Name and Address of Current Registered Agent

CARDEN, RODNEY E
5500 HOLOPAW RD
ST CLOUD FL 34773

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

Rod Carden

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/20/04

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARDEN, RODNEY E
5500 HOLOPAW RD
ST CLOUD FL 34773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CARDEN, DEANNE L
5500 HOLOPAW RD
ST CLOUD FL 34773 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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10. ADDITIONS/CHANGES

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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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:

Rod Carden Rod Carden

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

Date

4/20/04

Daytime Phone #

407-908-6333