5/2/2006-90026-027-$50.00-$50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 JUL 17 AM 8:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000001181

1. Entity Name
RODNEY LEWIS FLOOR COVERING, LLC

Principal Place of Business	Mailing Address
244 FRANCIS ~~MAPLES DRIVE~~ TALLAHASSEE, FL 32310 US	244 FRANCIS ~~MAPLES DRIVE~~ TALLAHASSEE, FL 32310 US

2. Principal Place of Business	3. Mailing Address
305 Piney Rd	305 Piney Rd
Suite, Apt. #, etc. 305 Piney Rd	Suite, Apt. #, etc.
City & State Tall Fla	City & State Tall Fl
Zip ~~306~~ 32305 Country Leon	Zip 32305 Country Leon

04192006 Chg-LLC CR2E083 (11/05)

4. FEI Number 75-3127531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LEWIS, RODNEY
2775 CATHEDRAL DRIVE
LOT 311
TALLAHASSEE, FL 32310

7. Name and Address of New Registered Agent

Name Lewis Rodney
Street Address (P.O. Box Number is Not Acceptable) 305 Piney Rd.
City Tall FL Zip Code 32305

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

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR LEWIS, RODNEY 2775 CATHEDRAL DRIVE TALLAHASSEE, FL 32310 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Lewis Rodney 305 Piney Rd Tall Fla 32305 ☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Rodney Lewis 5/1/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #