

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90012 012 ****50.00

DOCUMENT # L04000001326

1. Entity Name

D & D FLOOR COVERING, LLC



Principal Place of Business

2148 ORANGE DRIVE
DAYTONA BEACH FL 32124
US

Mailing Address

2148 ORANGE DRIVE
DAYTONA BEACH FL 32124
US



2. Principal Place of Business

2148 ORANGE DR

3. Mailing Address

2148 Orange Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E033 (10/05)

City & State

PORT ORANGE FL

City & State

Port Orange FL

4. FEI Number

20-0568442

Applied For

Not Applicable

Zip
32128

Country
VOLUSIA

Zip
32128

Country
VOLUSIA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUBEAU, DAVID P
2148 ORANGE DRIVE
DAYTONA BEACH FL 32124

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

David P. Dubeau

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

(NOTE: Registered Agent signature required when reinstating)

4/13/06

DATE

X

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State.
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete
NAME DUBEAU, DAVID P
STREET ADDRESS 2148 ORANGE DRIVE
CITY-ST-ZIP DAYTONA BEACH FL 32124

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
NOTE CHANGE IN Address
32124 → 32128 Now Port Orange

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

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

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 Section 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: *David P. Dubeau*

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

4/13/06

Date

386-589-4382

Daytime Phone #