

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 10, 2005 8:00 am
Secretary of State

08-10-2005 90047 002 ****55.00

DOCUMENT # L04000002664

1. Entity Name
HAROLD M. BUTLER FLOORING SERVICE LLC



Principal Place of Business
7588 W TURKEYNECK CT
HOMOSASSA, FL 34448

Mailing Address
7588 W TURKEYNECK CT
HOMOSASSA, FL 34448

40000010



2. Principal Place of Business

7588 W Turkeyneck CT
Suite, Apt. #, etc.

3. Mailing Address

7588 W. Turkeyneck CT
Suite, Apt. #, etc.

08042005 Chg-LLC CR2E083 (10/03)

City & State

HOMOSASSA FL

City & State

HOMOSASSA FL

4. FEI Number

592885889

Applied For

No! Applicable

Zip

34448

Country

U.S.

Zip

34448

Country

U.S.

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUTLER, HAROLD M
7588 W TURKEYNECK CT
HOMOSASSA, FL 34448

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

Harold M. Butler

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

(NOTE: Registered Agent signature required when reinstating)

8-6-05

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME BUTLER, HAROLD M
STREET ADDRESS 7588 W TURKEYNECK CT
CITY-ST-ZIP HOMOSASSA, FL 34448 ☐ Delete

TITLE MGRM
NAME HANER, THOMAS L
STREET ADDRESS 7588 W TURKEYNECK CT
CITY-ST-ZIP HOMOSASSA, FL 34448 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

Harold M. Butler

8-6-05

352-382-2849

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

Date

Daytime Phone #