2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 07, 2005 8:00 am Secretary of State **DOCUMENT # L04000006000** 1. Entity Name 03-07-2005 90062 034 ****50.00 **COLTER FLOORS LLC** Princidal Place of Business Mailing Address 5712 BAYOU GEORGE RD PANAMA CITY FL 32404 5712 BAYOU GEORGE RD 20018865 PANAMA CITY FL 32404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/04) City & State City-& State 4. FEI Number Applied For Not Applicable 20 - 06 4/5 Zip Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .7. Name and Address of New Registered Agent Name BARNES & JAMES, P.A. Street Address (P.O. Box Number is Not Acceptable) 2629 BLAIR STONÉ RD. TALLAHASSEE FL 32301 City 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 Sgnature, 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, 2005 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. TITLE MGR Delete TITLE Change ☐ Addition NAME RICHBOURG, ADRIAN C NAME STREET ADDRESS 5712 BAYOU GEORGE RD. STREET ADORESS CITY-SI-ZIP PANAMA CITY FL 32404 CITY-ST-7IP Change ☐ Addition ☐ Detete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete THEF TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED