

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90035 019 ****50.00

DOCUMENT # L04000009052
1. Entity Name
GEORGE POMPOSELLI FLOORING LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 13080 SW SR 484
3. Mailing Address SAME
Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State DUNNELLON, FL **4. FEI Number** 20-0694480 **Applied For**
Zip 34432 **Country** **City & State** **Country** **5. Certificate of Status Desired** ☐ **\$5.00 Additional Fee Required**
☐ **Not Applicable**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name GEORGE POMPOSELLI
Street Address (P.O. Box Number is Not Acceptable) 13080 SW SR 484
City DUNNELLON **FL** **Zip Code** 34432

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 GEORGE POMPOSELLI **4/14/2005**
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER GEORGE POMPOSELLI 13080 SW SR 484 DUNNELLON, FL 34432	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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: *George Pomposelli*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)