


FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90033 004 ***55.00

| | | | | | | | |
|---|--|---------|--|---|---|---|--|
| DOCUMENT # L04000009916 1. Entity Name D & L CUSTOM LAMINATE TOPS, LLC | | | |  | | Secretary of State 04-27-2005 90033 004 ****55.00 | |
| Principal Place of Business 5618 GALAXY DRIVE CRESTVIEW, FL 32539 | | | | Mailing Address 5618 GALAXY DRIVE CRESTVIEW, FL 32539 | | | |
| 2. Principal Place of Business | | | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | |
| City & State | | | | City & State | | | |
| Zip | | Country | | Zip | | Country | |
| 6. Name and Address of Current Registered Agent RICHARDSON, DAVID L 5618 GALAXY DRIVE CRESTVIEW, FL 32539 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | 10. ADDITIONS/CHANGES | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR RICHARDSON, DAVID L 5618 GALAXY DRIVE CRESTVIEW, FL 32539 <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
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| 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: <i>David L. Richardson</i> | | | | Date: <i>April 25, 2005</i> | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | | | |