


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # L04000011699  
 1. Entity Name  
 B & K FLOOR COVERING, LLC



Principal Place of Business 166 DONNA LN DEFUNIAK SPG, FL 32433 US	Mailing Address 166 PONNA LN DEFUNIAK SPG, FL 32433 US
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**DO NOT WRITE IN THIS SPACE**



01092008No Chg-LLC CR2E083 (12/07)

4. FEI Number 59-3782307	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

KEARCE, JIMMY P JR.  
 166 DONNA LN  
 DEFUNIAK SPG, FL 32433

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEARCE, JIMMY P JR. 166 DONNA LN DEFUNIAK SPGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARTLETT, ROBERT E 223 DONNA LANE DEFUNIAK SPRINGS, FL 32433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000780470  
 01/14/08-80022-022 138.75

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Jimmy P. Kearce, Jr.* Jimmy P. Kearce, Jr. 1-9-08 850-865-2524  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #