


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

05 AUG 25 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000013343	
1. Entity Name RICHARDS WOOD FLOORS AND MORE LLC	

Principal Place of Business 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327	Mailing Address 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327
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2. Principal Place of Business	3. Mailing Address 50 Rutland Rd Crawfordville FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country
32327	Wakulla



07252005 Chg-LLC CR2E083 (10/03)

4. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent GOTT, RICHARD 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327	7. Name and Address of New Registered Agent Name Richard Bott Street Address (P.O. Box Number is Not Acceptable) 50 Rutland Rd Crawfordville FL City FL Zip Code 32327
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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 <i>[Signature]</i> DATE 8/25/05
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Filing Fee is \$50.00 Due by September 7, 2005	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOTT, RICHARD 108 EVA LINDA ST. CRAWFORDVILLE, FL 32327 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	mGRM Gott Richard 50 Rutland Rd Crawfordville FL 32327 <input checked="" 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>[Signature]</i>	DATE 8/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date Daytime Phone #