

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000013871

1. Entity Name

FLORIDA HEARTWOOD PINE FLOORING LLC



Principal Place of Business

2887 JACOB AVE.
ATLANTIC BEACH FL 32233
US

Mailing Address

2887 JACOB AVE.
ATLANTIC BEACH FL 32233
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number
20-0752134

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RALEIGH M WILCOX CPA PA
13500 SUTTON PARK DR S
SUITE 703
JACKSONVILLE FL 32224

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

Signature, 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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete
NAME USHER, ANNABELLE
STREET ADDRESS 2887 JACOB AVE.
CITY- ST- ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Add
NAME 000000530722
STREET ADDRESS 05/06/06-80005-020 55.00
CITY- ST- ZIP

TITLE MGR ☐ Delete
NAME USHER, HERMAN
STREET ADDRESS 2887 JACOB AVE
CITY- ST- ZIP ATLANTIC BEACH FL 32233

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Delete
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CITY- ST- ZIP

TITLE ☐ Change ☐ Add
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TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.