


FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAR-10 AM 9:44

DOCUMENT # L04000016069			
1. Entity Name BEACHY'S FLOOR COVERING LLC		SECRETARY OF STATE DIVISION OF CORPORATIONS 06 MAR-10 AM 9:44	
Principal Place of Business 4900 BLUE RIBBON DR. MILTON, FL 32583 US		Mailing Address 4900 BLUE RIBBON DR. MILTON, FL 32583 US	
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 BEACHY, POLLY ANN 4900 BLUE RIBBON DR. MILTON, FL 32583		7. Name and Address of New Registered Agent Name: John M Beachy Street Address (P.O. Box Number is Not Acceptable): 4900 Blue Ribbon DR. City: Milton FL Zip Code: 32583	
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>John M. Beachy</i>		DATE: 3-13-06 (For 2006 Annual Report)	
FILE NOW!!! FEE IS \$100.00		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE: MGRM NAME: BEACHY, POLLY A STREET ADDRESS: 4900 BLUE RIBBON DR. CITY-ST-ZIP: MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE: delete NAME: delete STREET ADDRESS: delete CITY-ST-ZIP: delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: BEACHY, MARK J STREET ADDRESS: 4900 BLUE RIBBON DR. CITY-ST-ZIP: MILTON, FL 32583	<input type="checkbox"/> Delete	TITLE: 300069536703 NAME: 04/05/06--01034--002 STREET ADDRESS: **100.00 CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: MGRM NAME: ADAMS, GLENN L STREET ADDRESS: 5150 CATTLE TRAIL CITY-ST-ZIP: MILTON, FL 32583	<input checked="" type="checkbox"/> Delete	TITLE: delete NAME: delete STREET ADDRESS: delete CITY-ST-ZIP: delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete	TITLE: REINSTATEMENT NAME: 05-06 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
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
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: <i>John M. Beachy</i>		DATE: 3-13-06 (850)7480145	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	