## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**SIGNATURE** 

## Sep 08, 2005 8:00 am Secretary of State DOCUMENT # L04000017285 09-08-2005 90012 006 \*\*\*\*50.00 1. Entity Name BILL LEEMING CARPET, VCT, TILE & VINYL FLOORING INSTALLATION, LLC Principal Place of Business Mailing Address P.O. BOX 1125 SEBRING FL 33871 P.O. BOX 1125 SEBRING FL 33871 2. Principal Place of Business Mailing Address "SAME AS ABOVE SAWe Suite, Apt. #, etc Suite, Apt. #, etc. 2nd MOORE CR2E083 (5/05) Applied For City & State City & State Not Applicable Zip-Country Zip Country \$5.00 Additional 5.\_Certificate of Status Desired Fee Required. --6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEEMING, BILL Street Address (P.O. Box Number is Not Acceptable) 815 FIELDER BLVD. SEBRING FL 33871 Zip Code FI 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 egent. Leeming SIGNATURE ent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By September 7, 2005 9 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE MGR TITLE ☐ Delete ☐ Change ☐ Addition NAME LEEMING, BILL STREET ADDRESS P.O. BOX 1125 STREET ADDRESS CITY-ST-ZIP SEBRING FL 33871 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-7IP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition **TITLE** NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP 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.

**FILED** 

8-21-05 863-382-6960