


# LIMITED LIABILITY COMPANY ANNUAL REPORT

For Office Use Only  
DO NOT WRITE IN THIS SPACE

DOCUMENT # <b>LO400009594</b>	
1. Entity Name <b>Glen O'Neal Flooring L.C.</b>	

DO NOT WRITE IN THIS SPACE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 JUN -2 PM 8:43  
400207761634  
05/17/11--01008--016 \*\*138.75  
CR2E083B (1/11)

2. Principal Place of Business - No P.O. Box # <b>100 Longleaf Pine Cir.</b>		3. Mailing Address <b>100 Longleaf Pine Cir</b>	
Suite, Apt. #, ect. <b>SANFORD, FL</b>		Suite, Apt. #, ect. <b>SANFORD FL</b>	
City & State <b>32773</b>		City & State <b>32773</b>	
Zip	Country	Zip	Country

4. FEI Number <b>57-1200422</b>	Applied For <input 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.  <b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>Glen O'Neal</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>100 Longleaf Pine Cir</b>	
	City <b>SANFORD FL</b>	Zip Code <b>32773</b>

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 **Glen O'Neal** DATE **MAY 31 - 2011**

January 1 - May 1 Fee is \$138.75  
After May 1, Fee is \$538.75  
Amended AR is \$50.00

E-mail Address:

Make Check Payable to Florida Department of State

To be used for future annual report notices

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MEM Glen G. O'Neal 100 Longleaf Cir. Sanford, FL 32773</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR Trevor S. O'Neal 100 Longleaf Cir. Sanford, FL 32773</b>
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10.  <b>DO NOT WRITE IN THIS SPACE</b>
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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. The information on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE: **Glen O'Neal** **Glen O'Neal** **MAY 31 - 2011 4079700528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone#