2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT DOCUMENT # L04000028486 1. Entity Name TIM CONNELL FLOORING LLC PM 4: 55 SECRETARY SECRETARY								
DOCUMENT # L04000028486					FIL		r f.L	E
TIM CONNELL FLOORING LLC					UL -6	PM 4: 55	2006 JUL =6	·PM 4:55
Principal Place of Business 1709 HALL DRIVE TALLAHASSEE, FL 32303		Mailing Address 1709 HALL DRIVE TALLAHASSEE, FL 32303		SECRE TALLAR	TARY O ASSEE,	F STATE FLORIDA	SECRETARY TALLAHASSEL	OF STATE FLORIDA
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2. Principal Place of Business		3. Mailing Address		/)K				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		06272006	Chg-LLC	CR2E083 (11		
City & State		City & State		4. FEI Num 06-17	nber 24718		Applied For Not Applicable	
Zip	Country	Zip	Coun	try	5. Certifica	ite of Status Desire	d 🗆 \$5.00 Fee Re	Additional quired
	6. Name and Address of Current	Registered Agent			7. Name a	nd Address of Ne	w Registered Agent	
TIM CONNELL FLOORING				Name				
1709 HALL DRIVE TALLAHASSEE, FL 32303				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								
Filling Fee Is \$50.00 Make check payable to								
Filing Fee Is \$50.00 Due by September 6, 2006						1	rida Department of	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIO	NS/CHANGES	
TITLE NAME	MGRM CONNELL, TIM	☐ Delete	TITLI	l l			☐ Ch	ange 🗌 Addition
STREET ADDRESS	1709 HALL DRIVE			ET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32303		CITY	-ST-ZIP				
TITLE NAME	MGR CONNELL, BENJAMIN W	☐ Delete	TITLI NAM	1			☐ Ch	ange 🗌 Addition
STREET ADDRESS	2625 RIDGEWAY STREET	•		ET ADDRESS	, (TO)	50 <u>0</u> 07	7,52,343	<u>5</u>
CITY-ST-ZIP	TALLAHASSEE, FL 32310		CITY	-ST-ZIP	U 17	14/05011	038004 **	
TITLE NAME		☐ Delete	TITL				☐ Ch	ange Addition
STREET ADDRESS			STRE	ET ADDRESS				
CITY-ST-ZIP			-	-ST-ZIP			□ c.	
TITLE NAME		Delete	TITL				□ Ch	ange 🔲 Addition
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZIP				-ST-ZIP		-		ange
TITLE NAME		☐ Delete	TITL	L			[inge Addition
STREET ADDRESS City-St-Zip				ET ADDRESS -ST-ZIP				
TITLE		□ Detete	TITL					ange 🗀 Addition
NAME		•	NAM					
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP				
11. I hereby	certify that the information supplied with	n this filing does not qualify for	r the exe	mptions contained	in Chapter 1	19, Florida Statutes	. I further certify that th	e 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 1-606								
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylims Prone #								