

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000028486

1. Entity Name
TIM CONNELL FLOORING LLC



Principal Place of Business
1709 HALL DRIVE
TALLAHASSEE, FL 32303

Mailing Address
1709 HALL DRIVE
TALLAHASSEE, FL 32303

BK

FILED
08 FEB 26 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business - No P.O. Box #
129 Choctaw Dr.

3. Mailing Address
Suite, Apt. #, etc. same

02262008 Chg-LLC CR2E083 (12/06)

City & State
Havana, FL
Zip
32333

City & State
City
Country

4. FEI Number
06-1724718
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CONNELL, TIM
1709 HALL DRIVE
TALLAHASSEE, FL 32303

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

129 Choctaw Dr.

City

Havana

FL

Zip Code

32333

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 use if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

BK

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
CONNELL, TIM
1709 HALL DRIVE
TALLAHASSEE, FL 32303

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
129 Choctaw Dr.
Havana FL 32333

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGR
CONNELL, BENJAMIN W
2625 RIDGEWAY STREET
TALLAHASSEE, FL 32310

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100119931501
03/11/08--01010--005 **138.75

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ 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:

T. Connell

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

Date

Daytime Phone #

2-26-08