

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 8:00 am
Secretary of State

04-13-2006 90030 045 ****55.00

20029156



03302006 Chg-LLC CR2E083 (11/05)

4. FEI Number **56-2446081** Applied For ☐ Not Applicable ☐

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

DOCUMENT # L04000028569

1. Entity Name
TOMMY PARRISH FLOORING "L.L.C."



Principal Place of Business
**5998 THIRTEEN STREET NORTH
ST PETERSBURG, FL 33703**

Mailing Address
**5998 THIRTEEN STREET NORTH
ST PETERSBURG, FL 33703**

2. Principal Place of Business 3609 SW CR 344		3. Mailing Address 3609 SW CR 344	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bell, Florida		City & State Bell, Florida	
Zip 32619	Country Gilchrist	Zip 32619	Country Gilchrist

6. Name and Address of Current Registered Agent PARRISH, TOMMY 5998 - 13 ST. N. ST PETERSBURG, FL 33703		7. Name and Address of New Registered Agent Name Parrish, Tommy Street Address (P.O. Box Number is Not Acceptable) 3609 SW CR 344 City Bell, Florida Zip Code 32619 FL	
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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

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PARRISH, TOMMY 5998 - 13 ST. N. ST PETERSBURG, FL 33703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR Parrish, Tommy 3609 - SW CR 344 Bell, FL 32619 <input checked="" 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
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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:

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

Date

Daytime Phone #