

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED

Mar 14, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000036393



1. Entity Name

RICK'S FLOORING INSTALLATIONS LLC

Principal Place of Business

**4102 DEER TRAIL
MIDDLEBURG FL 32068
US**

Mailing Address

**4102 DEER TRAIL
MIDDLEBURG FL 32068
US**

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

Same as Above

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E083 (10/06)

4. FEI Number

75-3157217

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**GROVES, RICHARD M
4102 DEER TRAIL
MIDDLEBURG FL 32068**

7. Name and Address of New Registered Agent

Name

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **GROVES, RICHARD M**
STREET ADDRESS **4102 DEER TRAIL**
CITY-ST-ZIP **MIDDLEBURG FL 32068**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
U00000666022
03/23/07-80053-017 50.00

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: **Richard M Groves** **2-28-07 (904) 629-5936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #