

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000037131

FILED
May 01, 2006
Secretary of State

Entity Name: FEARS FLOORING & TILE, LLC

Current Principal Place of Business:

1134 FEARS RD
COTTONDALE, FL 32431

New Principal Place of Business:

Current Mailing Address:

1134 FEARS RD
COTTONDALE, FL 32431

New Mailing Address:

FEI Number: 30-0249463 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FEARS, JOHN M JR
1134 FEARS RD
COTTONDALE, FL 32431 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PRES () Delete
Name: FEARS, JOHN M JR
Address: 1134 FEARS RD
City-St-Zip: COTTONDALE, FL 32431

Title: MGRM () Delete
Name: FEARS, JOLEEN N
Address: 1134 FEARS RD
City-St-Zip: COTTONDALE, FL 32431

Title: MGRM () Delete
Name: SANTIAGO, CESAR
Address: 7815 CALHOUN AVE.
City-St-Zip: SOUTHPORT, FL 32409

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JOHN M. FEARS, JR.

PRES

05/01/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date