

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90080 032 ****55.00

DOCUMENT # L04000041518

1. Entity Name

PANHANDLE FLOORING ELC



Principal Place of Business

12515 OWENWOOD ROAD
FOUNTAIN FL 32438

Mailing Address

12515 OWENWOOD ROAD
FOUNTAIN FL 32438



2. Principal Place of Business

401 COLLEGE AVE

Suite, Apt. #, etc.

3. Mailing Address

401 COLLEGE AVE

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/06)

City & State

PANAMA CITY, FL

City & State

PANAMA CITY, FL

4. FEI Number

34-1998219

Applied For

Not Applicable

Zip

32401

Country

U.S.A.

Zip

32401

Country

U.S.A.

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

GOSHORN, ROBERT D
12515 OWENWOOD ROAD
PANAMA CITY FL

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

Robert D. Goshorn

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 6, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOSHORN, ROBERT D	
STREET ADDRESS	12515 OWENWOOD ROAD	
CITY - ST - ZIP	FOUNTAIN FL 32438	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOSHORN, KRYSTAL	
STREET ADDRESS	12515 OWENWOOD ROAD	
CITY - ST - ZIP	FOUNTAIN FL 32438	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOSHORN, LINDSEY A	
STREET ADDRESS	12515 OWENWOOD ROAD	
CITY - ST - ZIP	FOUNTAIN FL 32438	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GOSHORN, GRACE N	
STREET ADDRESS	12515 OWENWOOD	
CITY - ST - ZIP	FOUNTAIN FL 32438	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

10. ADDITIONS / CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 COLLEGE AVE.	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 COLLEGE AVE.	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 COLLEGE AVE.	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	401 COLLEGE AVE.	
CITY - ST - ZIP	PANAMA CITY, FL 32401	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

Robert D. Goshorn

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

July 20th, 2006

Date

Daytime Phone #