

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90364 034 ****50.00

DOCUMENT # L04000048512

1. Entity Name
RAGS TO RICHES FLOORING LLC



Principal Place of Business
**55 LOSTCREEK TRAIL
CRAWFORDVILLE, FL 32327**

Mailing Address
**55 LOSTCREEK TRAIL
CRAWFORDVILLE, FL 32327**

14012867

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2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04292005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
201301808

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**ADAMS, RONALD E
55 LOSTCREEK TRAIL
CRAWFORDVILLE, FL 32327**

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 **Ronald E. Adams**
Signature, typed or printed name of registered agent and title if applicable.

[Signature]
(NOTE: Registered Agent signature required when reinstating)

4-30-05
DATE

Filing Fee is \$50.00
Due by May 1, 2005

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

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **ADAMS, RONALD E**
STREET ADDRESS **55 LOSTCREEK TRAIL**
CITY-ST-ZIP **CRAWFORDVILLE, FL 32327**

10. ADDITIONS/CHANGES

☐ Change ☐ Addition

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Ronald E. Adams 4-30-05
Date

Daytime Phone # **528-1700**
926-5449