

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000059353

Entity Name: SLAVIK FLOORING, LLC

**FILED**  
**Aug 31, 2005**  
**Secretary of State**

**Current Principal Place of Business:**

2130 LOGSDON ST.  
NORTH PORT, FL 34287

**New Principal Place of Business:**

5917 NEON AVE  
NORTH PORT, FL 34286

**Current Mailing Address:**

2130 LOGSDON ST.  
NORTH PORT, FL 34287

**New Mailing Address:**

P.O.BOX.7697  
NORTH PORT, FL 34287

FEI Number: 20-1473294      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:**

BOGDANETS, STANISLAV  
2130 LOGSDON ST.  
NORTH PORT, FL 34287      US

**Name and Address of New Registered Agent:**

BOGDANETS, STANISLAV  
5917 NEON AVE  
NORTH PORT, FL 34286      US

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: \_\_\_\_\_

08/31/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: BOGDANETS, STANISLAV  
Address: 2130 LOGSDON ST.  
City-St-Zip: NORTH PORT, FL 34287

**ADDITIONS/CHANGES:**

Title: MGRM      (X) Change      ( ) Addition  
Name: BOGDANETS, STANISLAV  
Address: 5917 NEON AVE  
City-St-Zip: NORTH PORT, FL 34287

I hereby certify that the information supplied with this filing does not qualify for the 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 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: STANISLAV BOGDANETS

MGRM

08/31/2005

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