

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 09, 2006 8:00 am
Secretary of State

03-09-2006 90005 018 ****50.00

DOCUMENT # L04000060034

Entity Name

FLOORS AT THE RIGHT PRICE LLC



Principal Place of Business

5705 N. DAVIS HIGHWAY
PENSACOLA FL 32503

Mailing Address

5711 N. DAVIS HIGHWAY
PENSACOLA FL 32503



1. Principal Place of Business

31 W. 9 mile Road
Suite, Apt. #, etc.

3. Mailing Address

31 W. 9 mile Road
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

Pensacola FL

City & State

Pensacola FL

4. FEI Number

20-1481057

Applied For

Not Applicable

Zip

32534

Country

Escambia

Zip

32534

Country

Escambia

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SZCZEPANSKI, JOSEPH S
5711 N. DAVIS HIGHWAY
PENSACOLA FL 32503

7. Name and Address of New Registered Agent

Name

Joseph S. Szczepanski

Street Address (P.O. Box Number is Not Acceptable)

2115 Stallion Road

City

Cantonment

FL

Zip Code

32533

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

Joseph S. Szczepanski

2-25-06

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, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	SZCZEPANSKI, JOSEPH S	
STREET ADDRESS	5705 W. DAVIS HIGHWAY	
CITY - ST - ZIP	PENSACOLA FL 32503	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Szczepanski, Joseph S.	
STREET ADDRESS	2115 Stallion Road	
CITY - ST - ZIP	CANTONMENT FL. 32533	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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 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:

J. Szczepanski, J. Szczepanski

2-25-06

850-572-7277

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

Date

Daytime Phone #