

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90039 031 ****50.00

DOCUMENT # L04000079348

1. Entity Name
MICHAEL DUBOSE FLOORING, LLC



Principal Place of Business

151084 CR 108
HILLIARD, FL 32046

Mailing Address

151084 CR 108
HILLIARD, FL 32046

20067321

2. Principal Place of Business

9635 Nikolich Ave
Suite, Apt. #, etc.

3. Mailing Address

9635 Nikolich Ave
Suite, Apt. #, etc.

07132005 Chg-LLC CR2E083 (10/03)

City & State

Hastings FL

City & State

Hastings FL

4. FEI Number

Applied For
☒ Not Applicable

Zip

32145

Country

St Johns

Zip

32145

Country

St Johns

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUBOSE, KAREN
151084 CR 108
HILLIARD, FL 32046

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME DUBOSE, MICHAEL
STREET ADDRESS 151084 CR 108
CITY-ST-ZIP HILLIARD, FL 32046 ☒ Delete

TITLE MGR
NAME Michael DuBose
STREET ADDRESS 9635 Nikolich Ave
CITY-ST-ZIP Hastings FL 32145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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: Michael A. DuBose Michael A. DuBose
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8-27-05 904 814-6981
Date Daytime Phone