

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90118 012 ****50.00

DOCUMENT # L04000081808 1. Entity Name NEWSOME'S HARDWOOD FLOORS. LLC					
Principal Place of Business 9633 EDGEWOOD AVENUE YOUNGSTOWN, FL 32466			Mailing Address 9633 EDGEWOOD AVENUE YOUNGSTOWN, FL 32466		
2. Principal Place of Business 9109 Lake Forest Dr.		3. Mailing Address Same			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Youngstown, FL		City & State 		4. FEI Number 56-2488792	
Zip 32466		Country US		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01262005 Chg-LLC CR2E083 (10/03)			
6. Name and Address of Current Registered Agent NEWSOME, MICHAEL S. Scott E. 9633 EDGEWOOD AVENUE YOUNGSTOWN, FL 32466			7. Name and Address of New Registered Agent Name Scott E. Newsome Street Address (P.O. Box Number is Not Acceptable) 9109 Lake Forest Drive City Youngstown FL 32466		
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 Scott E. Newsome DATE 1/26/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Scott E. Newsome → NEWSOME, MICHAEL S. 9633 EDGEWOOD AVENUE YOUNGSTOWN, FL 32466	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Scott E. Newsome 9109 Lake Forest Dr. Youngstown, FL 32466	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM NEWSOME, CASEY L 9633 EDGEWOOD AVENUE YOUNGSTOWN, FL 32466	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 606, Florida Statutes.					
SIGNATURE: Scott E. Newsome <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			DATE: 1/26/05 (850) 625-2729 <small>Date Daytime Phone #</small>		