# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2005 8:00 am**
**Secretary of State**

03-21-2005 90796 022 ****50.00

30003863

DOCUMENT # L04000084979

1. Entity Name
INTREPID TILE & FLOORING LLC.

Principal Place of Business
1740 SE 56TH CT
OCALA, FL 34471

Mailing Address
1740 SE 56TH CT
OCALA, FL 34471

02082005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 13-4289357 ☒ Applied For ☐ Not Applic

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

6. Name and Address of Current Registered Agent
JOHNSON, DEREK
1740 SE 56TH CT
OCALA, FL 34471

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 acc the obligations of registered agent.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending) DATE

**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 | MGRM ☐ Delete | TITLE | ~~MANAGER~~ managing member ☐ Change ☒ Ad |
| NAME | JOHNSON, DEREK | NAME | Todd Tapperson |
| STREET ADDRESS | 1740 SE 56TH CT | STREET ADDRESS | 1740 SE 56th CT |
| CITY-ST-ZIP | OCALA, FL 34471 | CITY-ST-ZIP | Ocala, Fl, 34471 |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Ad |
| NAME | JOHNSON, DANIEL | NAME | |
| STREET ADDRESS | 188 LOCUST RD | STREET ADDRESS | |
| CITY-ST-ZIP | OCALA, FL 34472 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Ad |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Ad |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | 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 informati 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.

Derek Johnson 2/5/05