## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

SIGNATURE:

## **FILED** DOCUMENT # L05000001786 Apr 27, 2006 08:00 AN Secretary of State 1. Entity Name MARK JONES FLOOR COVERING, LLC Principal Place of Business Mailing Address 1617 BASS AVENUE 1617 BASS AVENUE SEVILLE FL 32190 SEVILLE FL 32190 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E083 (10/05) Applied For City & State City & State 4. FEI Number AP-PLIED FOR Not Applicable Zip Country \$5.00 Additional Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARK JONES, RONALD Street Address (P.O. Box Number is Not Acceptable) 1617 BASS AVENUE SEVILLE FL 32190 City 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 Superfuse, typical or printed name of registered agent and title it applicable (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 U00000540792 05/10/06-80031-018 50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. ☐ Defele ☐ Change ☐ Addition TRUE TITLE MGR NAME MARK JONES, RONALD NAME STREET ADDRESS STREET ADDRESS 1617 BASS AVENUE CITY-ST-ZIP CITY - ST-ZIP SEVILLE FL 32190 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST- ZIP . Detete Change 147.5 TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP ☐ Change Addition BITLE ☐ Delete TITLE NAME HAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP 11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED MAKE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Dale

Daytime Phone #