

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015542

FILED
Jan 18, 2007
Secretary of State

Entity Name: IMPERIAL COUNTERTOPS & DESIGN, LLC

Current Principal Place of Business:

358 SW HASTINGS WAY
LAKE CITY, FL 32024

New Principal Place of Business:

Current Mailing Address:

358 SW HASTINGS WAY
LAKE CITY, FL 32024

New Mailing Address:

FEI Number: 20-2576808

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONNER, JAMES
358 SW HASTING WAY
LAKE CITY, FL 32024 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CONNER, JAMES
Address: 358 SW HASTING WAY
City-St-Zip: LAKE CITY, FL 32024

Title: MGR () Delete
Name: WINSTON, SEAN
Address: 219 SW GUTHRIE TERR
City-St-Zip: LAKE CITY, FL 32024

Title: MGR (X) Delete
Name: NASH, JAMES
Address: 3624 NW BROWN ROAD
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: CONNER, JAMES
Address: 358 SW HASTING WAY
City-St-Zip: LAKE CITY, FL 32024

Title: VP (X) Change () Addition
Name: WINSTON, SEAN
Address: 219 SW GUTHRIE TERR
City-St-Zip: LAKE CITY, FL 32024

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JAMES CONNER

PRES

01/18/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date