


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90034 023 \*\*\*\*50.00

|  |   |
|--|---|
| DOCUMENT # L05000043588                    |  |
| 1. Entity Name<br>STENGL WOOD FLOORING LLC |   |

|   |   |
|---|---|
| Principal Place of Business<br>3110 SE 16 PLACE<br>CAPE CORAL, FL 33904 | Mailing Address<br>3110 SE 16 PLACE<br>CAPE CORAL, FL 33904 |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>3110 SE 16 <sup>TH</sup> PL.<br>Suite, Apt. #, etc. | 3. Mailing Address<br>3110 SE 16 <sup>TH</sup> PL.<br>Suite, Apt. #, etc. |
|---|---|

|                                |                                |
|--------------------------------|--------------------------------|
| City & State<br>FLA CAPE CORAL | City & State<br>FLA CAPE CORAL |
| Zip<br>33904                   | Country<br>USA                 |
| City & State<br>FLA CAPE CORAL | City & State<br>FLA CAPE CORAL |
| Zip<br>33904                   | Country<br>USA                 |



04102006 Chg-LLC CR2E083 (11/05)

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| 4. FEI Number<br>350-60-0583   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br>STENGL, VINCE<br>3110 SE 16 PLACE<br>CAPE CORAL, FL 33904                     |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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<br>Vince Stengl   | DATE<br>4-12-06 |

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|---|--|
| Filing Fee is \$50.00<br>Due by May 1, 2006 | Make check payable to<br>Florida Department of State |
|---|--|

| 9. MANAGING MEMBERS/MANAGERS                   |  | 10. ADDITIONS/CHANGES                          |   |
|--|--|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>STENGL, VINCE<br>3110 SE 16 PLACE<br>CAPE CORAL, FL 33904<br><input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>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 exemptions contained in Chapter 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: Vince Stengl | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | Date | Daytime Phone # |
|-------------------------|---|------|-----------------|