LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

8/15/2006-90079-001-$50.00-$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 SEP 14 AM 10: 03

DOCUMENT # L05000076230

1. Entity Name
WELL-ABLE HARDWOOD FLOORS LLC

DO NOT WRITE IN THIS SPACE

CR2E083B (8/05)

2. Principal Place of Business	3. Mailing Address
WHITE SPGS 11888 3RD FL 32096	P.O. BOX 798 WHITE SPRINGS, FL 32096(6)
Suite, Apt. #, etc. —	Suite, Apt. #, etc. —
City & State: WHITE SPRINGS, FL	City & State: WHITE SPRINGS, FL 32096
Zip: 32096 Country: HAMILTON	Zip: 32096 Country: HAMILTON

4. FEI Number 20.3258502 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Janet Moses Pearson

Street Address (P.O. Box Number is Not Acceptable): PO Box 155, 11888 3rd Street.

City: White Springs FL Zip Code: 32096

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: Janet Moses Pearson DATE
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM (OWNER) (ME ONLY)	TITLE	
NAME	THOMAS H. PEARSON	NAME	
STREET ADDRESS	11888 3RD ST	STREET ADDRESS	
CITY-ST-ZIP	WHITE SPRGS, FL 32096	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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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 608, Florida Statutes.

SIGNATURE: Thomas H. Pearson THOMAS H. PEARSON 7-20-06 386-965-9377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #