

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90342 004 ****50.00

DOCUMENT # L05000076230

1. Entity Name

WELL - ABLE HARDWOOD FLOORS, LLC



Principal Place of Business

11888 3RD ST
WHITE SPRINGS FL 32096
US

Mailing Address

PO BOX 798
WHITE SPRINGS FL 32096
US

2. Principal Place of Business - No P.O. Box #
10556 KENDRICK ST

3. Mailing Address
P.O. BOX SAME (798)



1st MOORE

CR2E083 (10/06)

City & State
WHITE SPRINGS FL

City & State
WHITE SPRINGS, FL

4. FEI Number
20-3258502

Applied For
Not Applicable

Zip
32096

Country
USA

Zip
32096

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PEARSON, JANET MOSES
11888 3RD STREET
PO BOX 155
- WHITE-SPRINGS FL-32096

Name
SAME

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 accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
PEARSON, THOMAS H
11888 3RD ST
WHITE SPRINGS FL 32096 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SAME
SAME
10556 KENDRICK ST
WHITE SPRINGS, FL 32096 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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CITY - ST - ZIP
☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing 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: Thomas H. Pearson THOMAS H. PEARSON

386-
3-27-07 965-6377

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #