

ANNUAL REPORT (AR)

DOCUMENT # L05000080564

1. Entity Name

GEORGE SASKA FLOOR COVERING L.L.C.



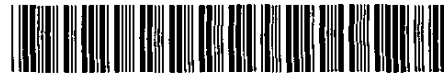
FILED
Jan 29, 2007 08:00 AM
Secretary of State

Principal Place of Business

1533 N. MISSION ROAD APT. CC6
TALLAHASSEE FL 32304

Mailing Address

1533 N. MISSION ROAD APT. CC6
TALLAHASSEE FL 32304



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

74-3150732

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

1st MOORE

CR2E083 (10/06)

6. Name and Address of Current Registered Agent

SASKA, GEORGE A JR.
1533 N. MISSION ROAD APT. CC6
TALLAHASSEE FL 32304

7. Name and Address of New Registered Agent

Name

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: MGRM ☐ Delete
NAME: SASKA, GEORGE A JR.
STREET ADDRESS: 1533 N. MISSION ROAD APT. CC6
CITY-STATE-ZIP: TALLAHASSEE FL 32304

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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CITY-STATE-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

10. ADDITIONS/CHANGES

☐ Change ☐ Addition
UD00000607100
01/31/07-80023-022 50.00

☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

☐ Change ☐ Addition
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☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

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:

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

Date

Daytime Phone #