2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

5/4

FILED
Jun 23, 2006 8:00 am
Secretary of State

05-04-2006 90021 015 ****50.00

DOCUMENT # L05000085959

1. Entity Name

NOEL'S FLOORING LLC

Principal Place of Business	Mailing Address
1202 LINDA LANE DAYTONA BEACH FL 32117 US	1202 LINDA LANE DAYTONA BEACH FL 32117 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
1690 Lancewood St.	1690 Lancewood St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Bunnell, Fl.	City & State: Bunnell, Fl.
Zip: 32110 Country: Flagler	Zip: 32110 Country: Flagler

4. FEI Number: 68-0674291 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

NOEL, MICHAEL D
1202 LINDA LANE
DAYTONA BEACH FL 32117

7. Name and Address of New Registered Agent

Name: Noel, Michael D

Street Address (P.O. Box Number is Not Acceptable): 1690 Lancewood St.

City: Bunnell FL Zip Code: 32110

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] 6-17-06

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, 2006

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	NOEL, MICHAEL D		NAME		
STREET ADDRESS	1202 LINDA LANE		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32117		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-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] 4-26-06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #