2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 12, 2006 8:00 am
Secretary of State
04-07-2006 90215 007 ****50.00

DOCUMENT # L05000119248

1. Entity Name
SBW FLOORING INSTALLATION LLC

Principal Place of Business
7503 SOUTH INDIAN RIVER DR.
PORT ST. LUCIE FL 34983

Mailing Address
7503 SOUTH INDIAN
PORT ST. LUCIE FL 34982

7503 SOUTH INDIAN RIVER DR PORT ST. LUCIE FLA

2. Principal Place of Business
SAME 34982

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE CR2E083 (10/05)

City & State

City & State

4. FEI Number
20-3933926
Applied For
Not Applicable

Zip 34982 Country ST. LUCIE

Zip 34982 Country ST. LUCIE

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

6. Name and Address of Current Registered Agent

~~WILSON, STEVEN B~~
~~539 NW TWYLITE TERR~~
PORT ST. LUCIE FL 34983
~~WILSON~~ STEVEN B.
7503 SOUTH INDIAN RIVER DR,
FT. PIERCE FLA
34982

7. Name and Address of New Registered Agent

Name
STEVEN B. WILSON

Street Address (P.O. Box Number is Not Acceptable)
7503 SOUTH INDIAN RIVER DR

City PORT ST. LUCIE FL Zip Code 34982

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 resigning) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS

TITLE	MANAGER	☐ Delete
NAME	STEVE WILSON	
STREET ADDRESS	7503 SOUTH INDIAN RIVER DR.	
CITY-ST-ZIP		
TITLE	FT. PIERCE FLA	☐ Delete
NAME		
STREET ADDRESS	34982	
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: Steven B. Wilson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #