

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90169 009 ***138.75

DOCUMENT # L06000022046

1. Entity Name

ALL QUALITY FLOORING, LLC



Principal Place of Business

772 NE 33RD ST
OCALA FL 34479

Mailing Address

772 NE 33RD ST
OCALA FL 34479



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

2635 NE 7th St

3. Mailing Address

2635 NE 7th St

Suite, Apt. #, etc.

101

Suite, Apt. #, etc.

101

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34470

Country

Marion

Zip

34470

Country

Marion

1st MOORE

CR2E083 (10/07)

4. FEI Number

20-4471115

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HALLBROOK, GAIL
772 NE 33RD ST
OCALA FL 34479

7. Name and Address of New Registered Agent

Name

Gail Knotts

Street Address (P.O. Box Number is Not Acceptable)

2635 NE 7th St

101

City

Ocala

FL

Zip Code

34470

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 registering)

DATE

✓

FILE NOW!!! FEE IS \$138.75
After May 1, 2008, Fee Will Be \$538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	HALLBROOK, GAIL	
STREET ADDRESS	772 NE 33RD ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KNOTTS, STEVEN P	
STREET ADDRESS	772 NE 33RD ST	
CITY-ST-ZIP	OCALA FL 34479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Gail Knotts	
STREET ADDRESS	2635 NE 7th St #101	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE	MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Steve P. Knotts	
STREET ADDRESS	2635 NE 7th St #101	
CITY-ST-ZIP	Ocala, FL 34470	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Gail Knotts Gail Knotts

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

2-14-08

Chie

Day/Time Period