

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 07, 2007 8:00 am**  
**Secretary of State**

09-07-2007 90045 002 \*\*\*\*55.00

**DOCUMENT # L06000089351**

1. Entity Name

**FLOORED BY DONALD LLC**



Principal Place of Business

**4315 MERITO ST. LOT #45  
PENSACOLA FL 32506**

Mailing Address

**4315 MERITO ST. LOT #45  
PENSACOLA FL 32506**

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

**6410 Schwab Dr.**

Suite, Apt. #, etc.

3. Mailing Address

**6410 Schwab Dr.**

Suite, Apt. #, etc.

2nd MOORE

CR2E083 (4/07)-



City & State

**Pensacola, FL**

Zip

**32504**

Country

**US**

City & State

**Pensacola, FL**

Zip

**32504**

Country

**US**

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**HAVARD, DONALD  
4315 MERITO ST. LOT #45  
PENSACOLA FL 32506**

7. Name and Address of New Registered Agent

Name **Donald Howard**

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

**6410 Schwab Dr.**

City **Pensacola, FL**

**FL**

Zip Code **32504**

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

**Donald Howard**

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

(NOTE: Registered Agent signature required when reinstating)

**9-1-07**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State**

**Due By September 5, 2007**

9. MANAGING MEMBERS / MANAGERS

TITLE **MGR** ☐ Delete  
NAME **HAVARD, DONALD**  
STREET ADDRESS **4315 MERITO ST. LOT #45**  
CITY-ST-ZIP **PENSACOLA FL 32506**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

TITLE ☐ Change ☐ Addition  
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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 Chapter 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:

**Donald Howard**

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

**9-1-07**

DATE

**850-375-8365**

DAYTIME PHONE #