

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 23, 2008 8:00 am
Secretary of State

05-23-2008 90161 005 ***138.75

DOCUMENT # L07000073393 1. Entity Name ALAN POWELL FLOORING, LLC					
Principal Place of Business 23 BOXWOOD LANE PALM COAST, FL 32137			Mailing Address 23 BOXWOOD LANE PALM COAST, FL 32137		
2. Principal Place of Business - No P.O. Box # ALAN POWELL FLOORING, LLC		3. Mailing Address 23 BOXWOOD LN.			
Suite, Apt. #, etc. 23 BOXWOOD LANE.		Suite, Apt. #, etc.			
City & State PALM COAST.		City & State PALM COAST.		4. FEI Number 195446009	
Zip 32137		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent POWELL, ALAN K 23 BOXWOOD LANE PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name ALAN POWELL Street Address (P.O. Box Number is Not Acceptable) 23 BOXWOOD LANE. City PALM COAST. FL Zip Code 32137		
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 <u><i>Alan Powell</i></u> (NOTE: Registered Agent signature required when reinstating) <u>April 28, 08</u> 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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POWELL, MARILYN PO BOX 442 HEREFORD, PA 18056	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OWNER ALAN POWELL 23 BOXWOOD LANE 32137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Alan Powell</i></u> <u>April 28, 08</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					