

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2008 8:00 am
Secretary of State

03-25-2008 90082 014 ***138.75

DOCUMENT # L07000104329 1. Entity Name SHEFFIELD FLOORING, LLC																																																																																						
Principal Place of Business 5504 GREEN MEADOWS CT TALLAHASSEE, FL 32303			Mailing Address 5504 GREEN MEADOWS CT TALLAHASSEE, FL 32303																																																																																			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																				
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																				
City & State		City & State																																																																																				
Zip	Country	Zip	Country	03182008 Chg-LLC CR2E083 (12/06)																																																																																		
4. FEI Number 26-1260722				Applied For <input type="checkbox"/> Not Applicable																																																																																		
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required																																																																																		
6. Name and Address of Current Registered Agent SHEFFIELD, ISHAM H JR. 5504 GREEN MEADOWS CT TALLAHASSEE, FL 32303			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																			
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																																																																																						
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State																																																																																				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;">MGR</td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">SHEFFIELD, ISHAM H JR.</td> <td></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">5504 GREEN MEADOWS CT</td> <td></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">TALLAHASSEE, FL 32303</td> <td></td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> </table> </div> <div style="width: 45%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%; padding: 2px;">TITLE</td> <td style="width: 65%; padding: 2px;"></td> <td style="width: 20%; padding: 2px; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr><td colspan="3" style="height: 10px;"></td></tr> </table> </div> </div>						TITLE	MGR	<input type="checkbox"/> Delete	NAME	SHEFFIELD, ISHAM H JR.		STREET ADDRESS	5504 GREEN MEADOWS CT		CITY-ST-ZIP	TALLAHASSEE, FL 32303					TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Delete				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition				TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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.																																																																																						
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> </div> <div style="width: 20%; text-align: center;"> 3-23-08 <small>Date</small> </div> <div style="width: 35%; text-align: center;"> (850) 566-2031 <small>Daytime Phone #</small> </div> </div>																																																																																						