

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 MAY -4 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

500180074225
05/03/10--01038--006 **138.75

CR2E041 (11/09)

DOCUMENT # L07000111732
1. Limited Liability Company's Name: Michael Nettles Flooring LLC

2. Principal Office Address - No P.O. Box #
1509 Negant Drive
Suite, Apt. #, etc.
City & State: Tallah. FL.
Zip: 32301 Country: U.S.A.

3. Mailing Office Address
Suite, Apt. #, etc.
City & State
Zip: 32 Country:

4. State/Country of Formation: Florida
5. Date Organized or Qualified To Do Business in Florida
6. FEI Number: 41-2196697 Applied For: Not Applicable
7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent
Name: Michael Nettles
Street Address (P.O. Box Number is Not Acceptable): 1509 Negant Dr.
Suite, Apt. #, Etc.
City: Tallah. State: FL Zip Code: 32301

A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.
Signature of Registered Agent: Michael Nettles Date: 4/30/10
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MEMBER</u>	<u>Michael Nettles</u>	<u>1509 Negant Dr</u>	<u>Tallah. FL 32301</u>

11. E-mail Address _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.
Signature of Managing Member/Manager: Michael Nettles Date: 4/30/10 Daytime Phone #: 509-6044
Typed or printed name of signing Managing Member/Manager _____