

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000051880

**FILED**  
**Apr 28, 2012**  
**Secretary of State**

**Entity Name:** HAROLD'S FLOOR COVERING & HOME SERVICES, LLC

**Current Principal Place of Business:**

844 SW 37TH TERR  
CAPE CORAL, FL 33914

**New Principal Place of Business:**

844 SW 37TH TERR  
CAPE CORAL, FL 33914 UN

**Current Mailing Address:**

844 SW 37TH TERR  
CAPE CORAL, FL 33914

**New Mailing Address:**

**FEI Number:** 45-2073841      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FAESSLER, LORI K  
844 SW 37TH TERR  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HAROLD, RONALD W  
**Address:** 844 SW 37TH TERR  
**City-St-Zip:** CAPE CORAL, FL 33914

**Title:** MGRM  
**Name:** FAESSLER, LORI K  
**Address:** 844 SW 37TH TERR  
**City-St-Zip:** CAPE CORAL, FL 33914

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: LORI FAESSLER

MGRM

04/28/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date