2004 LIMITED LIABILITY COMPANY

DOCUMENT # L97000000047

1. Entity Name

GULFSTREAM FLOORING DISTRIBUTORS, L.C.



Principal Place of Business

3719 CORPOREX PARK DR., SUITE 75 TAMPA, FL 33619

Mailing Address

3719 CORPOREX PARK DR., SUITE 75 TAMPA, FL 33619

FILED Apr 19, 2004 8:00 am Secretary of State

04-19-2004 90025 001 ****50.00

24046000



03102004 No Chg-LLC

CR2E083 (10/03)

5.	Certificate of Status Desired	\$5.00	Additional
	59-3410827		Not Applicable
4.	FEI Number		Applied For

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOLENBERGER, BRIAN 3719 CORPOREX PARK DRIVE, SUITE 75 TAMPA, FL 33619

DO NOT WRITE IN THIS SPACE

SIGNATURE	Signature, typed or winded name of rugistered agent and title if applicable. (NOTE, Digistered Age	Passident 4-14-04 El signature required when reinstating DATE
	ling Fee is \$50.00 ue by May 1, 2004	
9. IITLE NAME STREET ADDRESS CTIY-ST-ZIP TITLE NAME STREET ADDRESS	MANAGING MEMBERS/MANAGERS MGRM 7 Z ICKGEAF ZICKGEAF Z	
CHY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP FITLE NAME STREET ADDRESS CHY-ST-ZIP CHY-ST-ZIP CHY-ST-ZIP	TAMPA, FL 33619	DO NOT WRITE IN THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		
indicatéd	certify that the information supplied with this filing does not qualify for the exempt on this report is true and accurate and that my signature shall have the same let billity company or the receiver or trustee empowered to execute this report as re-	ion stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information gal effect as if made under oath; that I am a managing member or manager of the juired by Chapter 608, Florida Statutes.

PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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