2005 LIMITED LIABILITY COMPANY

FILED Apr 12, 2005 8:00 am Secretary of State

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DOCUMENT # L9700000047							04-12-2005 90015 028 ****50.00					
1. Entity Name GULFSTREAM FLOORING DISTRIBUTORS, L.C.												
GULFST	KEAIVI FLO	JORING DISTRII	BUTUKS, L									
					1 Con 11	1237						
Principal Place of Business			_	Mailing Address								
3719 CORPOREX PARK DR., SUITE 75 TAMPA, FL 33619				3719 CORPOREX PARK DR., SUITE 75 Tampa, Fl. 33619								
							L 10041091 E		BB III BB 181 1	tam sem sa	te Bull Bibli ind	ODE SIL IRDI
2. Principal P	Place of Busine	ess ·	3. Mailing A	ddress								
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Suite, Apt. #, etc.			Suite, Apt. #, etc.				03172005	Chg-LL	С	CR2E0	83 (10/03)	
City & State			City & Sta	City & State			4. FEI Number Applied For 59-3410827 Not Applied					
Zip		Country	Zip	Zip (\$5.00 Add	1 Applicable
								e of Status De			Fee Required	
· - · · ·	5. Name a	and Address of Current	Hegistered Ag	ent	Name		7. Name an	d Address of	New Re	gistered A	Agent	
SOLENBERGER, BRIAN 3719 CORPOREX PARK DRIVE, SUITE 75				Street A	ddress /P	O Boy Num	per is Not Acc	entable)				
TAMPA, FI		ARK DRIVE, SUITE	: 75		Circuit						·	
									,			
		_			City					FL	Zip Code	•
		submits this statement t	or the purpose of	of changing its re	gistered office or	registered	d agent, or b	oth, in the Sta	te of Flori	da. Lam f	amiliar with,	and accept
	tions of registe	regradent, //										
	M	0.4/1/								1 6	-15	-
SIGNATURE .	Signature, typed o	Smitted name of registered agen	it and title if applicable	. (NOTE: R	legistered Agent signatu	re required w	hen reinstating)		4	4-6 DATE	-05	
	Signature, typed o	Low	of and title if applicable	. (NOTT: R	legistered Agent signatu	ire required w	hen reinstahrig)			DATE		
SIGNATURE .	Signature, typego	control of registered agents \$50.00	ot and title if applicable	. (NOTE: R	legistered Agent signatu	re required w	hen reinstahrig)		Make	DATE check p	ayable to	
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9. TITLE NAME STREET ADDRESS	MGRM ZICKGRAF	s \$50.00 1, 2005 MANAGING MEMB ENTERPRISES INC	ERS/MANAGER	38	10. Title Name Street address	Bea	2. 1. EA H	ADDI ENDREN FILMOR	Make Florida TIONS/C	DATE check partme	ayable to ent of State	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SKINATURE AND TYPED OR PENTED NAME OF SKINING MANAGING MERIBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-6-05

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