

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

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



02272007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3410827

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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**

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

Signature, typed or printed name, of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
HENDREN, BRADY
1520 S. FILLMORE ST.
DENVER, CO 80210

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
SOLENBERGER, BRIAN
3719 CORPOREX PARK DR., SUITE 75
TAMPA, FL 33619

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STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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05/01/07-80005-014 50.00

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.

SIGNATURE:

Brian Solenberger BRIAN SOLENBERGER

4-16-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #