

2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT

FILED  
Apr 10, 2008 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



03012008 No Chg-LLC

CR2E083 (12/07)

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

SOLENERGER, 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 reinstating)

DATE

FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75

6260

U00000890574  
04/22/08-80098-015 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	HENDREN, BRADY
STREET ADDRESS	1520 S. FILLMORE ST.
CITY-ST-ZIP	DENVER, CO 80210
TITLE	MGRM
NAME	SOLENERGER, BRIAN
STREET ADDRESS	3719 CORPOREX PARK DR., SUITE 75
CITY-ST-ZIP	TAMPA, FL 33619
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

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:

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

Date

Daytime Phone #

Brian Solenberger 4808 813-628-8393