

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90503 050 ****50.00

DOCUMENT # L98000000827

1. Entity Name

TAPETER DECORATIVE WALL SOLUTIONS, L.C.



Principal Place of Business

**1020 N.W. 6TH STREET, SUITE H
DEERFIELD BEACH FL 33442**

Mailing Address

**1020 N.W. 6TH STREET, SUITE H
DEERFIELD BEACH FL 33442**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0842999

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROOS, DICH
1020 N.W. 6TH STREET, SUITE H
DEERFIELD BEACH FL 33442**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM ROOS, DICH	<input type="checkbox"/> Delete
STREET ADDRESS	2400 N.E. 47TH STREET	
CITY- ST- ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	MGRM ROOS, DEBORAH	<input type="checkbox"/> Delete
STREET ADDRESS	2400 N.E. 47TH STREET	
CITY- ST- ZIP	LIGHTHOUSE POINT FL 33064	
TITLE NAME	MGRM NUGENT, PHILIP	<input type="checkbox"/> Delete
STREET ADDRESS	124 SUNDOWN ROAD	
CITY- ST- ZIP	DANSVILLE NH 03819	
TITLE NAME	MGRM SUNDLAND, ATLE	<input type="checkbox"/> Delete
STREET ADDRESS	10727 TAVISTOCK DRIVE	
CITY- ST- ZIP	TAMPA FL 33626	
TITLE NAME	MGRM SUNDLAND, DAWN	<input type="checkbox"/> Delete
STREET ADDRESS	10727 TAVISTOCK DRIVE	
CITY- ST- ZIP	TAMPA FL 33626	
TITLE NAME	MGRM MARSHALL, KAREN	<input type="checkbox"/> Delete
STREET ADDRESS	85 DUDLEY STREET	
CITY- ST- ZIP	NORWICH CT 06360	

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY- ST- ZIP	

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:

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

Date

Daytime Phone #

4/1/04 954-929-3883