

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000053216

FILED
Mar 03, 2006
Secretary of State

Entity Name: GUSTAVO'S FLOORING, LLC

Current Principal Place of Business:

5926 TAYWOOD DRIVE
TAMPA, FL 33624 US

New Principal Place of Business:

18401 BITTERN AVE
LUTZ, FL 33558 US

Current Mailing Address:

5926 TAYWOOD DRIVE
TAMPA, FL 33624 US

New Mailing Address:

18401 BITTERN AVE
LUTZ, FL 33558 US

FEI Number: 20-0484489

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, GUSTAVO A
5926 TAYWOOD DRIVE
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

GARCIA, GUSTAVO A
18401 BITTERN AVE
LUTZ, FL 33558 US

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.

SIGNATURE: GUSTAVO A GARCIA

03/03/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GARCIA, GUSTAVO A
Address: 5926 TAYWOOD DRIVE
City-St-Zip: TAMPA, FL 33624 US

Title: MGRM () Delete
Name: GARCIA, EVELYN X
Address: 5926 TAYWOOD DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GARCIA, GUSTAVO A
Address: 18401 BITTERN AVE
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM (X) Change () Addition
Name: GARCIA, EVELYN X
Address: 18401 BITTERN AVE
City-St-Zip: LUTZ, FL 33558 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: GUSTAVO A GARCIA

MGRM

03/03/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date