

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 20, 2007 08:00 AM**  
**Secretary of State**



**DOCUMENT # L04000002445**

1. Entity Name

**ARTURO TRIANA FLOORING LLC**

Principal Place of Business

13206 SOUTHWEST 87 TERRACE  
MIAMI FL 33183  
US

Mailing Address

13206 SOUTHWEST 87 TERRACE  
MIAMI FL 33183  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

City & State

4. FEI Number

**84-1637906**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**TRIANA, ARTURO  
13206 S.W. 87 TERRACE  
MIAMI FL 33183**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE: **MGRM**  Delete  
NAME: **TRIANA, ARTURO**  
STREET ADDRESS: **13206 S.W. 87 TERRACE**  
CITY-ST-ZIP: **MIAMI FL 33183**

TITLE: **MGRM**  Delete  
NAME: **SUAREZ, SONIA**  
STREET ADDRESS: **13206 S.W. 87 TERRACE**  
CITY-ST-ZIP: **MIAMI FL 33183**

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Delete  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS: **U00000674149**  
CITY-ST-ZIP: **03/29/07-80059-007 50.00**

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

TITLE:  Change  Addition  
NAME:  
STREET ADDRESS:  
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #