

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028430

FILED
May 25, 2009
Secretary of State

Entity Name: BROWN FLOORING LLC

Current Principal Place of Business:

312 BAYLISS CT.
PENSACOLA, FL 32505

New Principal Place of Business:

Current Mailing Address:

312 BAYLISS CT.
PENSACOLA, FL 32505

New Mailing Address:

FEI Number: 76-0755887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ALL FLORIDA FIRM INC
813 DELTONA BLVD., STE. A
DELTONA, FL 32725 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BROWN, SCOTT E
Address: 312 BAYLISS CT.
City-St-Zip: PENSACOLA, FL 32505

Title: MGR () Delete
Name: BROWN, JAY
Address: 4365 WEST 5480 SOUTH
City-St-Zip: WEST VALLEY, UT 84120

Title: MGR () Delete
Name: BROWN, TRACY
Address: 312 BAYLISS CT
City-St-Zip: PENSACOLA, FL 32505

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SCOTT E BROWN

MGR

05/25/2009

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