

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000051938

FILED
Apr 15, 2009
Secretary of State

Entity Name: ANDRADE VILICANA CARPETING, LLC

Current Principal Place of Business:

4809 CHARLESTON AVE
PLANT CITY, FL 33566

New Principal Place of Business:

Current Mailing Address:

4809 CHARLESTON AVE
PLANT CITY, FL 33566

New Mailing Address:

FEI Number: 80-0114504 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ANDRADE, MARIA D
4809 CHARLESTON AVE
PLANT CITY, FL 33566 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: MGRM () Delete
Name: ANDRADE, MARIA D
Address: 4809 CHARLESTON AVE
City-St-Zip: PLANT CITY, FL 33566 US

Title: MGRM () Delete
Name: VILICANA, SAMUEL
Address: 4809 CHARLESTON AVE
City-St-Zip: PLANT CITY, FL 33566 US

ADDITIONS/CHANGES:

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: MARIA D ANDRADE MGR 04/15/2009

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