04/27/2007 10:51 352-622-5610 BCSI

4/30/2

FILED
May 16, 2007 8:00 am
Secretary of State
04-30-2007 90049 019 ****50.00

30007993

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000118727

1. Entity Name
CENTRAL FLORIDA FOAM & DESIGN LLC

Principal Place of Business
731 E OVERDRIVE CIRCLE
HERNANDO, FL 34442 US

Mailing Address
PO BOX 400
HERNANDO, FL 34442 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
PO BOX 400
Suite, Apt. #, etc.
City & State
HOLDER FL
Zip 34445 | Country US

04062007 Chg-LLC CR2E063 (12/06)

4. FEI Number
20-8049041
Applied For
Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SELIAS, ERNEST J SR
731 E OVERDRIVE CIRCLE
HERNANDO, FL 34442

7. Name and Address of New Registered Agent

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 _____ DATE
Signature, name of registered agent, and title if applicable. NOTE: Registered Agent signature required when changing.

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SELIAS, ERNEST J SR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SELIAS, ERNEST J JR 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM SELIAS, DAVID R 731 E OVERDRIVE CIRCLE HERNANDO, FL 34442	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

Sign Here

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ MANAGER MEMBER 4-27-07
Signature and Title of Person Authorized to Sign (Member, Manager, or Authorized Representative) Date Daytime Phone #