

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046445

**Entity Name:** TW FLOORING, LLC

**Current Principal Place of Business:**

1813 SW FEARS AVE.  
PORT ST LUCIE, FL 34953

**Current Mailing Address:**

1813 SW FEARS AVE.  
PORT ST LUCIE, FL 34953

**FEI Number: 13-4292793**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HLEWICKI, ADRIENNE  
1813 SW FEARS AVE.  
PORT ST LUCIE, FL 34953 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HLEWICKI, ADRIENNE  
Address 1813 SW FEARS AVE.  
City-State-Zip: PORT ST LUCIE FL 34953

Title MGR  
Name HLEWICKI, JASON  
Address 1813 SW FEARS AVE.  
City-State-Zip: PORT ST LUCIE FL 34953

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADRIENNE HLEWICKI**

**MGR**

**04/23/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date